

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2002 8:00 am**  
**Secretary of State**

01-22-2002 90010 037 \*\*\*150.00

**DOCUMENT # P99000051280**

1. Entity Name  
**M. CHRISTINA MEMOLI, O.D., P.A.**

Principal Place of Business <b>951 E ALTAMOTE DRIVE          301          ALTAMONTE SPRINGS FL 32701</b>	Mailing Address <b>820 CAMARGO WAY          212          ALTAMONTE SPRINGS FL 32714</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **451 E Altamonte Dr** 3. Mailing Address

Suite, Apt. #, etc.  
**301** Suite, Apt. #, etc.

City & State  
**Altamonte Springs FL** City & State

4. FEI Number **59-3582983** Applied For  
 Not Applicable

Zip **32701** Country **USA** Zip Country  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEMOLI, M. CHRISTINA  
 820 CAMARGO WAY  
 212  
 ALTAMONTE SPRINGS FL 32714**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *M Christina Memoli O.D.* **1/10/02**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE	NAME	TITLE	NAME
PSTD	MEMOLI, M. CHRISTINA O.D.		
820 CAMARGO WAY #212	ALTAMONTE SPRINGS FL 32714		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M Christina Memoli O.D.* **1/10/02** **4072610599**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)