

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90158 037 ***150.00

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DOCUMENT # P99000094959

1. Entity Name

BAYVIEW MEDICAL ASSOCIATES, P.A.



Principal Place of Business

~~2075 SOUTH TAMiami TRAIL~~
~~SARASOTA FL 34239~~

Mailing Address

~~2075 SOUTH TAMiami TRAIL~~
~~SARASOTA FL 34239~~

2. Principal Place of Business

East Glen Office Park

3. Mailing Address

East Glen Office Park

Suite, Apt. #, etc.

9904 SR 64 East #102

Suite, Apt. #, etc.

9904 SR 64 East #102

City & State

Bradenton

City & State

Bradenton FL

Zip

FL

Country

34212

Zip

34212

Country

USA

4. FEI Number

65-0956031

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

COPPOLA, JOSEPH P D.O. ✓ OK
~~2075 S TAMiami TRAIL~~
~~SARASOTA FL 34239~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

East Glen Office Park

9904 SR 64 East #102

City

Bradenton

FL

Zip Code

34212

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **COPPOLA, JOSEPH P D.O.**
STREET ADDRESS ~~22075 S TAMiami TRAIL~~
CITY-ST-ZIP ~~SARASOTA FL 34239~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **COPPOLA, JOSEPH P. D.O.**
STREET ADDRESS **9904 SR 64 East #102**
CITY-ST-ZIP **Bradenton, FL 34212**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph P. Coppola

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03

Date

941-746-1230

Daytime Phone #

CR2E034 (10/02)