

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90177 025 ***150.00

DOCUMENT # P99000096199

1. Entity Name
ROBERT P. SONDGERATH, C.R.N.A., P.A.



Principal Place of Business
1900 B BALD EAGLE DR
NAPLES FL 34105

Mailing Address
1900 B BALD EAGLE DR
NAPLES FL 34105

2. Principal Place of Business

707 40th St

Suite, Apt. #, etc.

3. Mailing Address

707 40th St

Suite, Apt. #, etc.

City & State
SARASOTA FL

City & State
SARASOTA FL

4. FEI Number
59-3607090

Applied For
Not Applicable

Zip

Country

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

SONDGERATH, ROBERT P
320 OSCEOLA AVE
JACKSONVILLE BEACH FL 32250

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Delete**
NAME **PSTD**
STREET ADDRESS **SONDGERATH, ROBERT P**
CITY-ST-ZIP **1900 B BALD EAGLE DR 707 40th St.**
NAPLES FL 34105 SARASOTA, FL. 34234

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

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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:

Robert P. Sondgerath

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03

Date

Daytime Phone #

CR2E034 (10/02)