

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90280 037 ***150.00

DOCUMENT # *P9900009772*

1. Entity Name

FRANK E. CAMPANILE, M.D., P.A.

DO NOT WRITE IN THIS SPACE

11014014

2. Principal Place of Business

13691 METRO PARKWAY

Suite, Apt. #, etc.

SUITE 110

City & State

FORT MYERS, FLORIDA

Zip

33912

Country

US

3. Mailing Address

13691 METRO PARKWAY

Suite, Apt. #, etc.

SUITE 110

City & State

FORT MYERS, FLORIDA

Zip

33912

Country

US

4. FEI Number

65-0958497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name

CAMPANILE, FRANK E. M.D.

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

13691 METRO PARKWAY, SUITE 110

City

FORT MYERS,

FL

Zip Code

33912

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IN THIS SPACE**

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PS

CAMPANILE, FRANK E.

13691 METRO PARKWAY, SUITE 110

FORT MYERS, FL 33912

TITLE

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK CAMPANILE

Date

Daytime Phone #

CR2E034B (12/01)