

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90413 015 ***150.00

DOCUMENT # V68075

1. Entity Name

HEALTH PARK PODIATRY, INC.

Principal Place of Business

Mailing Address

HEALTH PARK BLVD.

120 HEALTH PARK BLVD.

SUITE 3

SUITE 3

AUGUSTINE FL 32086

ST. AUGUSTINE FL 32086-5798

2. Principal Place of Business

1975 OLD MOULTRIE RD.

3. Mailing Address

1975 OLD MOULTRIE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST AUGUSTINE, FL

City & State

ST. AUGUSTINE, FL

Zip

Country

32086

Zip

Country

32086

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILITELLO, JAMES S.
120 HEALTH PARK BLVD.
SUITE 3
ST. AUGUSTINE FL 32086

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

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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MILITELLO, JAMES S. 120 HEALTH PARK BLVD. 3 ST. AUGUSTINE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1975 OLD MOULTRIE RD 32086	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)