2002 UNIFORM BUSINESS REPORT (UBR)

01-06-2003 90066 030 ***750.00
FILED F99000006579

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000006579

1. Entity Name
F. SCOTT PERRINO, M.D., INC.

Principal Place of Business	Mailing Address
6101 WEBB RAOD SUITE 204 TAMPA FL 33615	6101 WEBB RAOD SUITE 204 TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 62-1801976 ☐ Applied For ☐ Not Applicable

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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name F. Scott Perrino, M.D. Street Address (P.O. Box Number is Not Acceptable) 6101 Webb Rd., Ste. 204 Tampa FL 33615 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 F Scott Perrino MD 12/27/02
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 $550.00
After September 13, 2002 Fee will be $750.00
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	P GOWER, WAYNE 113 SEABOARD LN STE A200 FRANKLIN TN 37067	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P F. Scott Perrino, M.D. 6101 Webb Rd., Ste. 204 Tampa FL 33615	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO WHITE, DAVID 113 SEABOARD LN STE A200 FRANKLIN TN 37067	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT WHITMER, WILLIAM C 113 SEABOARD LN STE A200 FRANKLIN TN 37067	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HISCHKE, LINDA 113 SEABOARD LANE STE A200 FRANKLIN TN 37067	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COYLE, FRANK A 113 SEABOARD LN STE A200 FRANKLIN TN 37067	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVY, PAUL S 113 SEABOARD LN STE A200 FRANKLIN TN 37067	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (4/02)

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 REQUIRED F Scott Perrino MD 813 884 2825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #