

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000059692

1. Entity Name

TAMPA BAY PROVIDER GROUP, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90115 042 \*\*\*150.00

Principal Place of Business  
2323 CURLEW ROAD  
SUITE 7E  
PALM HARBOR FL 34683

Mailing Address  
2323 CURLEW ROAD  
SUITE 7E  
PALM HARBOR FL 34683-6832

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3339351

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

JACOBSON, CHARLES J  
2323 CURLEW ROAD  
SUITE 7E  
PALM HARBOR FL 34683

Name Roy L. Burgess  
Street Address (P.O. Box Number is Not Acceptable)  
13601 Bruce B. Downs Blvd  
Suite 311  
City TAMPA FL Zip Code 33613

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 D ☐ Delete  
NAME BARKER, JAMES D.O.  
STREET ADDRESS 13124 NORTH FLORIDA AVENUE  
CITY-ST-ZIP TAMPA FL 33612

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

TITLE D ☐ Delete  
NAME REIBER, WILLIAM M.D.  
STREET ADDRESS 3000 E. FLAGLER, #230  
CITY-ST-ZIP TAMPA FL 33594

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

TITLE D ☐ Delete  
NAME ISHAK, SALAM M.D.  
STREET ADDRESS 3405 LITHIA PINECREST ROA  
CITY-ST-ZIP VALRICO FL 33594

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

TITLE D ☐ Delete  
NAME SAPHIER, ALBERT M.D.  
STREET ADDRESS 2708 AZEELE STREET  
CITY-ST-ZIP TAMPA FL 33609

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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)