

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 8:00 am**
Secretary of State

04-28-2001 90081 001 ***150.00

DOCUMENT # P95000059692

1. Entity Name

TAMPA BAY PROVIDER GROUP, INC.

Principal Place of Business

Mailing Address

**2323 CURLEW ROAD
SUITE 7E
PALM HARBOR FL 34683****2323 CURLEW ROAD
SUITE 7E
PALM HARBOR FL 34683**

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 **59-3339351**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**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

JAMES BARKER

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

13601 BRUCE B. DOWNS BLVD**SUITE 311**

City

TAMPA**FL**

Zip Code

33611

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

4/18/019. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D BARKER, JAMES D.O. 13124 NORTH FLORIDA AVENUE TAMPA FL 33612	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D REIBER, WILLIAM M.D. 3000 E. FLAGLER, #230 TAMPA FL 33594	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D ISHAK, SALAM M.D. 3405 LITHIA PINECREST ROA VALRICO FL 33594	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D SAPHIER, ALBERT M.D. 2708 AZEELE STREET TAMPA FL 33609	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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 #

4/18/01**813-615-7276**

CR2E034 (10/00)