

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90268 047 ***150.00

DOCUMENT # P96000023606

1. Entity Name

NORTHCLIFFE MEDICAL ASSOCIATES, INC.

Principal Place of Business

P.O. BOX 6536
 SPRING HILL FL 34606

Mailing Address

P.O. BOX 6536
 SPRING HILL FL 34606

2. Principal Place of Business

8468 Northcliffe Blvd.

3. Mailing Address

8468 Northcliffe Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Spring Hill, FL

City & State

Spring Hill, FL

4. FEI Number

59-3365925

Applied For

Not Applicable

Zip

34611

Country

USA

Zip

34611

Country

USA

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

**TERLEP, TIMOTHY T D.C.
 8468 NORTHCLIFFE BLVD.
 SPRING HILL FL 34606**

Name

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

City

FL

Zip Code
34611

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, 2001 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 **P** ☐ Delete
 NAME **TERLEP, TIMOTHY T D.C.**
 STREET ADDRESS **P.O. BOX 6536 N/A**
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **P** ☒ Change ☐ Addition
 NAME **Terlep, Timothy T. D.C.**
 STREET ADDRESS **8468 Northcliffe Blvd.**
 CITY-ST-ZIP **Spring Hill, FL 34611**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

Timothy T. Terlep, D.C. 4-10-00

Date **352-683-7154** Daytime Phone #

CR2E034 (10/00)