2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026153

1. Entity Name

WILLIAM N. HANDELMAN, M.D., P.A.

FILED
Jul 13, 2000 8:00 am
Secretary of State
07-13-2000 90020 048 ***150.00

Principal Place of Business	Mailing Address
6399 38TH AVE N ST. PETERSBURG FL 33710 US	6399 38TH AVE N ST PETERSBURG FL 33710-1647 US

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3378219 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HANDELMAN, WILLIAM N
6374 7TH AVE N
ST PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name William N. Handelman
Street Address (P.O. Box Number is Not Acceptable) 6399 38th Ave N.
C-6
City St. Petersburg FL Zip Code 33710

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] 7/5/2000
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	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HANDELMAN, WILLIAM N		NAME		
STREET ADDRESS	6399 38TH AVE N		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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] 7/5/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
D# P96000826150
pwg 9/10

Bay Area Medical
William N. Handelman

6399 38th Avenue North
C-6
St. Petersburg, FL 33710
(727) 384-6411

July 5, 2000

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

RE: Late Filing of Uniform Business Report

My Uniform Business Report is filed late, secondary to the hiring of my new Office Manager, who inadvertently placed the report in the tax preparer's documents, not knowing that she was to file this report herself. We just received the form from the tax preparer, and were informed that we needed to file this form right away. I am now filing the report, and ask that you excuse the late filing fee.

Thank you for your assistance in this matter.

Sincerely,

William N. Handelman, M.D.
Registered Owner