# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 17, 2000 8:00 am**
**Secretary of State**
04-17-2000 90024 029 ***150.00

DOCUMENT # P97000042279

1. Entity Name

SPECIALTY PHYSICIAN"S NETWORK, INC.

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 1975 HAWTHORNE ST<br>SARASOTA FL 34239 | 1975 HAWTHORNE ST<br>SARASOTA FL 34239-2927 |

| 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 65-0755875 ☐ 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 |
|---|---|
| SLEVIN, DONALD J M.D.<br>1975 HAWTHORNE ST<br>SARASOTA FL 34239 | Name: Lewis, Clifton, M.D.<br>Street Address (P.O. Box Number is Not Acceptable): 1975 Hawthorne St.<br>City: Sarasota **FL** Zip Code: 34239 |

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 _____ Clifton Lewis, M.D. Chairman
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>BROWN, RICHARD M.D.<br>3131 S TAMIAMI TRAIL<br>SARASOTA FL 34239 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DC<br>Lewis, Clifton M.D.<br>1921 Waldemere St.,#814<br>Sarasota, FL 34239 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>TINGLE, WILLIAM<br>1921 WALDEMERE ST., SUITE 504<br>SARASOTA FL 34239 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>Tingle, William, M.D.<br>1921 Waldemere St., Ste. 504<br>Sarasota, FL 34239 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FLEEGLER, BRUCE M<br>1895 FLOYD ST<br>SARASOTA FL 34239 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>Silverman, Harris M.D.<br>6002 Pointe West Blvd.<br>Bradenton, FL 34209 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HOEFER, RICHARD M.D.<br>1219 E AVENUE S SUITE 301<br>SARASOTA FL 34230 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>Ayres, John M.D.<br>6015 Pointe W. Blvd., Ste 100<br>Bradenton, FL 34209 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LAZIN, ANDREW M.D.<br>1921 WALDEMERE ST SUITE 306<br>SARASOTA FL 34239 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Sugar, David A. M.D.<br>1975 Hawthorne St.<br>Sarasota, FL 34239 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DC<br>SLEVIN, DONALD J M.D.<br>1975 HAWTHORNE ST<br>SARASOTA FL 34239 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Weber, Herman M.D.<br>1921 Waldemere St., Ste 413<br>Sarasota, FL 34239 | ☐ Change ☒ Addition |

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:** _____ Clifton Lewis, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #