

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State
 03-15-2001 90181 009 ***150.00

DOCUMENT # P97000042279

1. Entity Name
SPECIALTY PHYSICIAN'S NETWORK, INC.

Principal Place of Business 1975 HAWTHORNE ST SARASOTA FL 34239	Mailing Address 1975 HAWTHORNE ST SARASOTA FL 34239
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3815 72nd Avenue East	3. Mailing Address 3815 72nd Avenue East
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Sarasota, FL	City & State Sarasota, FL
Zip 34243	Zip 34243
Country	Country

4. FEI Number 65-0755875	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CLIFTON, LEWIS M.D.
 1975 HAWTHORNE ST
 SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TINGLE, WILLIAM 1921 WALDEMERE ST., SUITE 504 SARASOTA FL 34239 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEEGLER, BRUCE M 1895 FLOYD ST SARASOTA FL 34239 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TINGLE, WILLIAM M.D. 1921 WALDMERE STREET SUITE 504 SARASOTA FL 34239 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SILVERMAN, HARRIS 6002 POINTE WEST BLVD. BRADENTON FL 34209 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBER, HERMAN M.D. 1921 WALDEMERE STREET SUITE 413 SARASOTA FL 34239 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TINGLE, WILLIAM <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Silverman, Harris <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Lewis, Clifton M.D. 1921 Waldemere St. #814 Sarasota, FL 34239 <input type="checkbox"/> Change <input checked="" 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 reports 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, MD* **Clifton Lewis, MD** **3/16/01** **(941)359-3716**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)