

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90278 001 ***150.00

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1. Entity Name
ASANTE-KORANG, EDWARDS, GIROUD, HENRY, HUHTA, MARTINEZ, MCCORMACK & SUH, M.D., P.A.



Principal Place of Business
**880 6TH ST SOUTH, SUITE 280
ST PETERSBURG FL 33701**

Mailing Address
**880 6TH ST SOUTH, SUITE 280
ST PETERSBURG FL 33701**



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

3. Mailing Address
**100 1st Avenue S.
#550
St Petersburg FL
33701**

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3511771**

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

6. Name and Address of Current Registered Agent
**MCCORMACK, JORGE
100 1ST AVE S
SUITE 550
ST PETERSBURG FL 33701**

Applied For
 Not Applicable

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete EDWARDS, THOMAS 880 6TH ST SOUTH, SUITE 280 ST PETERSBURG FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GIROUD, JORGE M 880 6TH ST SOUTH, SUITE 280 ST PETERSBURG FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HENRY, JAMES G 880 6TH ST SOUTH, SUITE 280 ST PETERSBURG FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MARTINEZ, RICHARD M 880 6TH ST SOUTH, SUITE 280 ST PETERSBURG FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HUHTA, JAMES 880 6TH ST SOUTH, SUITE 280 ST PETERSBURG FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SUH, ELSA 880 6TH ST SOUTH, SUITE 280 ST PETERSBURG FL 33701

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____ **4-10-03** _____ **727-822-6136**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)