

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101212

1. Entity Name

CHRISTINE LARAMEE, M.D., P.A.

FILED

Jan 20, 2000 8:00 am  
Secretary of State

01-20-2000 90168 037 \*\*\*158.75

Principal Place of Business

Mailing Address

970 BAY ESPLANADE  
CLEARWATER BEACH FL 33767

970 BAY ESPLANADE  
CLEARWATER BEACH FL 33767-1001

704464

2. Principal Place of Business

3. Mailing Address

400 N. Indian Rocks Rd

400 N. Indian Rocks Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B

Suite B

City & State

City & State

Belleair Bluffs, FL

Belleair Bluffs FL

Zip

Zip

Country

Country

33770

Pinellas

33770

Pinellas



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

59-3608970

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

MIKOS, CYNTHIA A  
205 N PARSONS AVE, SUITE A  
BRANDON FL 33351-4515

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

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 ~~President~~ ☐ Delete  
NAME ~~Christine Laramee~~  
STREET ADDRESS ~~970 Bay Esplanade~~  
CITY-ST-ZIP ~~Clearwater FL 33767~~

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **CHRISTINE LARAMEE**  
STREET ADDRESS **970 BAY ESPLANADE**  
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
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 an other like empowered.

SIGNATURE:

**NOT REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/2000

728-581-3171  
Daytime Phone #

CR2E034 (9/99)