

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90027 001 ***150.00

DOCUMENT # V08547

1. Entity Name
FLORIMED OF TAMPA, INC.

Principal Place of Business

7109 PELICAN ISLAND DR
 TAMPA FL 33634

Mailing Address

P.O. BOX 23412
 TAMPA FL 33622
 US

2. Principal Place of Business

14620 N. NEBRASKA AVE
 Suite, Apt. #, etc.
BLDG B

3. Mailing Address

P.O. BOX 17135

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33613

Country
US

Zip
33682

Country
US

4. FEI Number **59-3100515**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FURLONG, RICHARD
 7109 PELICAN ISLAND DR
 TAMPA FL 33634

7. Name and Address of New Registered Agent

Name **RICHARD FURLONG**
 Street Address (P.O. Box Number is Not Acceptable)
14620 N. NEBRASKA AVE, BLDG B
 City **TAMPA** FL Zip Code **33613**

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

3/26/01
 DATE

Signature and/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. (See criteria on back)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P J. WILLIAM BYRD**
 STREET ADDRESS **1478 BRIAR OAKS TR**
 CITY-ST-ZIP **ATLANTA GA 30329**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T FURLONG, RICHARD ALAN**
 STREET ADDRESS **7109 PELICAN ISLAND DR**
 CITY-ST-ZIP **TAMPA FL 33634**

TITLE Change Addition
 NAME
 STREET ADDRESS **345 BAYSHORE BLVD, #1207**
 CITY-ST-ZIP **TAMPA, FL 33606**

TITLE Delete
 NAME **DSV FURLONG, RICHARD ALAN**
 STREET ADDRESS **7109 PELICAN ISLAND DR**
 CITY-ST-ZIP **TAMPA FL 33634**

TITLE Change Addition
 NAME
 STREET ADDRESS **345 BAYSHORE BLVD, #1207**
 CITY-ST-ZIP **TAMPA, FL 33606**

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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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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 all other like empowered.

SIGNATURE:

3/26/01
 Date

813-287-9996
 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)