

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34055

1. Entity Name

FLORIDA ASSOCIATION OF PEDIATRIC CRITICAL CARE M

Principal Place of Business

Mailing Address

2110 W. M.L. KING BLVD
TAMPA FL 33607

2110 W. M.L. KING BLVD
TAMPA FL 33607

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

59-2967556

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

HINES, JAMES P.
315 HYDE PARK AVE
TAMPA FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME NORTHROP, REX
STREET ADDRESS 5151 N. 9TH AVE
CITY-ST-ZIP PENSACOLA FL

TITLE DP ☐ Delete
NAME SWANSON, MARK
STREET ADDRESS 1414 S. KUHL AVE
CITY-ST-ZIP ORLANDO FL

TITLE DP ☐ Delete
NAME WEIBLEY, RICHARD (ELECT)
STREET ADDRESS 1 DAVIS BLVD. STE. 404
CITY-ST-ZIP TAMPA FL

TITLE DST ☐ Delete
NAME PLASENCIA, DANIEL J
STREET ADDRESS 2110 W M L KING BLVD
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 617, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/00

813-8701995