

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**  
 05-12-2002 90539 018 \*\*\*150.00

**DOCUMENT # 190312**

1. Entity Name

**JOHNSON, ROTHERMEL AND BART, M.D.S., P.A.**  
**DEBORAH S. BART, M.D. & ASSOCIATES, P.A.**

Principal Place of Business

**3055 - 5TH AVE. N.**  
**SAINT PETERSBURG FL 33713**

Mailing Address

**3055 - 5TH AVE. N.**  
**SAINT PETERSBURG FL 33713**

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

**59-6062693**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, RAND C.**  
**3055 5TH AVE N**  
**ST PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

Name  
**DEBORAH S. BART, M.D.**

Street Address (P.O. Box Number is Not Acceptable)  
**3055 5TH AVENUE NORTH**

City  
**ST. PETERSBURG**

FL

Zip Code  
**33713**

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 *Deborah S Bart MD* **DEBORAH S. BART, M.D.** X  
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, 2002 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 **PTB** ☒ Delete  
 NAME **JOHNSON, RAND C**  
 STREET ADDRESS **3055 5TH AVE NO**  
 CITY-ST-ZIP **ST PETERBURG FL 33713**

TITLE **VD** ☐ Delete  
 NAME **BART, DEBORAH**  
 STREET ADDRESS **3055 5TH AVE N**  
 CITY-ST-ZIP **ST PETERSBURG FL 33713**

TITLE **SD** ☒ Delete  
 NAME **MCNEILL, THOMAS M JR**  
 STREET ADDRESS **829 MARCO DR. N.E.**  
 CITY-ST-ZIP **ST PETERBURG FL 33702**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **P/D** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
 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 *Deborah S Bart MD* **DEBORAH S. BART, M.D.** X  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0449425 AV

CR2E034 (9/01)