

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 281755

1. Entity Name

BAYSHORE MEDICAL CENTER, P.A.

f

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90213 046 ***150.00

Principal Place of Business

1811 BAYSHORE GDNS PKWY
BRADENTON FL 34207
US

Mailing Address

3101 RIVERVIEW BLVD. WEST
BRADENTON FL 34205
US

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

59-1058631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOBAUGH, ROBERT
5908 RIVERVIEW BLVD.
BRADENTON FL 34205

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD STOBAUGH, ROBERT E 1811 BAYSHORE GARDEN BRADENTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITE, ROBERT C 1811 BAYSHORE GARDEN BRADENTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. 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
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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Aug 00

Date

Daytime Phone #

CR2E034 (5/00)

Attachment
DH#288755
D0080112

HARLLEE, PORGES, HAMLIN, KNOWLES, BALD & PROUTY, P.A.
ATTORNEYS AT LAW

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August 15, 2000

*BOARD CERTIFIED REAL ESTATE LAWYER
**ALSO ADMITTED IN NEW YORK
***ALSO CERTIFIED PUBLIC ACCOUNTANT

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Bayshore Medical Center, P.A.
FEI No. 59-1058631

Gentlemen:

Enclosed please find the following:

1. Duly executed calendar year 2000 Uniform Business Report form.
2. Check made payable to the Florida Department of State in the amount of \$150.00.

Please note that the reason the attached form is being filed now (after May 1, 2000), is because the above-referenced corporate entity never received the First Notice for the form. We were advised that a current filing of the form could be made and that the \$150.00 fee would be acceptable. If there are any questions, or if you need any additional information, please feel free to contact the undersigned.

Sincerely,


Joseph L. Najmy

JLN/vm
Enclosures

cc: Dr. Robert Stobaugh
Dr. Robert White

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