

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90221 013 \*\*\*150.00

**DOCUMENT #** 454186  
 1. Entity Name  
 FRANKLIN, FAVATA & HULLS, MDS, PA

<b>Principal Place of Business</b>	<b>Mailing Address</b>
3100 E FLETCHER AVE P O BOX 17211 TAMPA FL 33682	3100 E FLETCHER AVE P O BOX 17211 TAMPA FL 33682

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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 59-1532055	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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**6. Name and Address of Current Registered Agent**

FRANKLIN, H. HOWARD  
 3100 E FLETCHER AVE  
 TAMPA FL 33612

**7. Name and Address of New Registered Agent**

<b>Name</b>	
<b>Street Address (P.O. Box Number is Not Acceptable)</b>	
<b>City</b>	<b>FL</b> <b>Zip Code</b>

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**

<b>TITLE</b>	PD	<input type="checkbox"/> Delete
<b>NAME</b>	FRANKLIN, H. HOWARD, MD	
<b>STREET ADDRESS</b>	3100 E FLETCHER AVE	
<b>CITY - ST - ZIP</b>	TAMPA FL	
<b>TITLE</b>	SD	<input type="checkbox"/> Delete
<b>NAME</b>	FAVATA JOHN J. JR, MD	
<b>STREET ADDRESS</b>	4206 GULF POINT COURT	
<b>CITY - ST - ZIP</b>	TAMPA FL	
<b>TITLE</b>	TD	<input type="checkbox"/> Delete
<b>NAME</b>	HULLS, JAMES R., MD	
<b>STREET ADDRESS</b>	6401 JOSEPHINE ARBOR	
<b>CITY - ST - ZIP</b>	TEMPLE TERRACE FL	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>	16612 SEDONA DE AVILA	
<b>CITY - ST - ZIP</b>	TAMPA FL 33613	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		

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:** \_\_\_\_\_ **4/21/00** **815 971-9890**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/99)