

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 479464

Entity Name

JOSEPH DIACO AND ANTHONY BRANNAN, M.D.'S, P.A.

TAMPA SURGICAL ASSOCIATES P.A.

Principal Place of Business

4700 NORTH HABANA AVENUE
SUITE 403
TAMPA FL 33614

Mailing Address

4700 NORTH HABANA AVENUE
SUITE 403
TAMPA FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DIACO, JOSEPH F MD
4700 N. HABANA AVENUE
SUITE 403
TAMPA FL 33614

4. FEI Number

59-1615034

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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 12, 2001 Fee 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: VST
NAME: BRANNAN, ANTHONY N
STREET ADDRESS: 4700 N. HABANA AVE. #403
CITY-ST-ZIP: TAMPA FL
☐ Delete

TITLE: PD
NAME: DIACO, JOSEPH F
STREET ADDRESS: 4700 N. HABANA AVE. #403
CITY-ST-ZIP: TAMPA FL
☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ECHEVARRIA, DAVID
NAME: 4700 N. HABANA AVE, 403
STREET ADDRESS: TAMPA, FL 33614
CITY-ST-ZIP: SECRETARY
☐ Change ☒ Addition

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

TITLE: 500004703875-2
NAME: -12/04/01--01036--002
STREET ADDRESS: *****550.00 *****550.00
CITY-ST-ZIP: ☐ Change ☐ Addition

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

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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-18-01 813-879-8290

0086987 AV

CR2E034 (5/01)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE