

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 491244

1. Entity Name

SANDRA MANN, M.D., P.A.

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90038 050 ***150.00

Principal Place of Business

Mailing Address

5539 MARINE PARKWAY
STE #7
NEW PORT RICHEY FL 34652-1329
US

5539 MARINE PARKWAY
STE #7
NEW PORT RICHEY FL 34652-1329
US

2. Principal Place of Business

4738 Grand Boulevard

3. Mailing Address

4738 Grand Boulevard

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

Suite C

City & State

New Port Richey, FL

City & State

New Port Richey FL

Zip

34652

Country

USA

Zip

34652

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1656687

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANN, SANDRA D
5537 MARINE PKWY
STE #7
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name

Sandra D. Mann

Street Address (P.O. Box Number is Not Acceptable)

4738 Grand Boulevard

Suite C

City

New Port Richey

FL

Zip Code

34652

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

Sandra D. Mann

3/31/01

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	MANN, SANDRA D. M.D.	
STREET ADDRESS	5539 MARINE PKWY, #7	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mann, Sandra D. M.D.	
STREET ADDRESS	4738 Grand Boulevard	
CITY-ST-ZIP	Suite C New Port Richey FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sandra D. Mann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/01

Date

Daytime Phone #

727 8446131

CR2E034 (10/00)