

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90334 049 ***150.00

DOCUMENT # 491244

1. Entity Name

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

Principal Place of Business

**4738 GRAND BOULEVARD
SUITE C
NEW PORT RICHEY FL 34652
US**

Mailing Address

**4738 GRAND BOULEVARD
SUITE C
NEW PORT RICHEY FL 34652
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5347 Main St

3. Mailing Address

5347 Main St

Suite, Apt. #, etc.

Suite # 302

Suite, Apt. #, etc.

Suite # 302

City & State

New Port Richey FL

City & State

New Port Richey FL

4. FEI Number

59-1656687

Applied For

Not Applicable

Zip

34652

Country

Pasco

Zip

34652

Country

Pasco

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANN, SANDRA D

4738 GRAND BOULEVARD

SUITE C

NEW PORT RICHEY FL 34652

Name

Mann, Sandra D.

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

5347 Main St. Suite #302

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**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **MANN, SANDRA D. M.D.**
CITY-ST-ZIP **4738 GRAND BOULEVARD SUITE C
NEW PORT RICHEY FL 34652**

TITLE ☒ Change ☐ Addition
NAME **Mann Sandra D. MD**
STREET ADDRESS **5347 Main St. Suite #302**
CITY-ST-ZIP **New Port Richey FL 34652**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/02

727 8486131

CR2E034 (9/01)