

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 491244

1. Entity Name
SANDRA MANN, M.D., P.A.



FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90286 025 ***150.00

057860 AV

Principal Place of Business
5347 MAIN STREET
SUITE #302
NEW PORT RICHEY FL 34652
US

Mailing Address
5347 MAIN STREET
SUITE #302
NEW PORT RICHEY FL 34652
US

11000120



2. Principal Place of Business
20 Pine tree Court
Suite, Apt. #, etc.
Palm Harbor FL

3. Mailing Address
20 Pine tree Court
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
34683

City & State
Palm Harbor FL

Zip Country
US

Zip Country
34683 US

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
5347 MAIN STREET
SUITE #302
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent
Name Sandra Mann MD
Street Address (P.O. Box Number is Not Acceptable)
20 Pine tree Court
City Palm Harbor FL Zip Code 34683

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sandra J. Mann MD DATE 4/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANN, SANDRA D. M.D. 537 MAIN ST. #302 NEW PORT RICHEY FL 34652 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20 Pine tree Court Palm Harbor FL 34683 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DATE 4/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)