

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90116 037 ***158.75

DOCUMENT # 504812

1. Entity Name
RUFFOLO, HOOPER & ASSOCIATES, M.D., P.A.

Principal Place of Business 5439 E MEAUMONT CENTER TAMPA FL 33634 US	Mailing Address 5439 E MEAUMONT CENTER BLVD TAMPA FL 33634 US
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C0099415



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-1723249	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State	City & State	Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KALISH, WILLIAM ESQ KALISH & WARD 4100 BARNETT PLAZA, 101 E KENNEDY BLVD TAMPA FL 33602	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWARSKY, IRWIN L 14024 LAKE BLUFF COURT. TAMPA FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAUTLER, KEITH B. 6325 MAC LAURIN DRIVE TAMPA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STONESEFER, KURT J M.D. 16201 SENTRY WOODS COURT ODESSA FL 33556	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCALL, JANICE B M.D. 2103 ARBOR OAKS DRIVE VALRICO FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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

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: *Karen M. L. [Signature]* **4/28/00** **813 886-8334**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)