

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 557501

1. Entity Name

O'MALLEY & HALL, M.D., P.A.

**FILED**  
**Feb 16, 2001 8:00 am**  
**Secretary of State**

02-16-2001 90027 031 \*\*\*150.00

C0022370



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O O'MALLEY & HALL, MD. PA 2650 BAHIA VISTA, STE 202 SARASOTA FL 34239		Mailing Address C/O O'MALLEY & HALL, MD. PA 2650 BAHIA VISTA, STE 202 SARASOTA FL 34239	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  FRENCH, C T 1750 RINGLING BLVD. SARASOTA FL 34236		7. Name and Address of New Registered Agent Name <u>THOMAS A. O'Malley, MD</u> Street Address (P.O. Box Number is Not Acceptable) <u>2650 Bahia Vista</u> <u>Suite 207</u> City <u>SARASOTA</u> FL <u>34239</u>	
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: <u>Thomas A. O'Malley</u> DATE: <u>Jan 25 01</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P O'MALLEY, THOMAS A 2650 BAHIA VISTA-STE 207 SARASOTA, FL 00000 <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	S MICHAEL, HALL, MD 2650 BAHIA VISTA-STE 207 SARASOTA, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 employees.			
SIGNATURE: <u>Thomas A. O'Malley</u>		Date: <u>Jan 25 01</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	

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CR2E034 (10/00)