

DOCUMENT # 570253
1. Entity Name
EDWARD S. HOMAN, JR., M.D., P.A.

Principal Place of Business Mailing Address
13801 BRUCE B. DOWNS BLVD. 13801 BRUCE B. DOWNS BLVD.
SUITE 404 SUITE 404
TAMPA FL 33613 TAMPA FL 33613

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

6. Name and Address of Current Registered Agent
HOMAN JR, EDWARD S.
329 ST AUGUSTINE AVE
TEMPLE TERRACE FL 33617

FILED
Jan 10, 2001 8:00 am
Secretary of State
01-10-2001 90068 033 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1831845 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City 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. ☐
(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
NAME HOMAN, EDWARD S.
STREET ADDRESS 13801 BRUCE B DOWNS BV
CITY-ST-ZIP TAMPA FL
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete Change 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: E. S. Homan, Jr. 01/03/01 (813) 977-2232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)