

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 571610

1. Entity Name
MIGUEL E. MULET, M.D., P.A.

Principal Place of Business
FLORIDA MED CENTER
1399 HAMLET AVE
CLEARWATER FL 33756
US

Mailing Address
509 PALM DRIVE
HARBOR BLUFFS
LARGO FL 33770-2680
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

33779-0278

US

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90018 025 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1815575

Applied For

Not Applicable

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

HINES, JAMES P.
315 HYDE PARK AVE
TAMPA FL 33606

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

MIGUEL E. MULET, M.D., PRESIDENT
m. Mulet
1/5/02

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
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MULET, NORKA J.
2200 W. BAY DR.
LARGO FL

☐ Delete

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

TITLE
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CITY-ST-ZIP
PD
MULET, MIGUEL E., M.D.
2200 W. BAY DR.
LARGO FL

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MIGUEL E. MULET, M.D., PRESIDENT

Date

Daytime Phone #

1/5/02 727-442-3001

0461398 AV

CR2E034 (9/01)