

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90460 023 \*\*\*150.00

DOCUMENT # **594423**

1. Entity Name  
**GARY A. ZAMORE M.D.P.A.**  
**2919 SWANN AVE. SUITE 203**  
**TAMPA, FL 33609**

Principal Place of Business  
**GARY A. ZAMORE**  
**2919 SWANN AVE. SUITE 203**  
**TAMPA, FL 33609**

Mail to Address  
**% GARY A. ZAMORE**  
**2919 SWANN AVE. SUITE 203**  
**TAMPA, FL 33609**

**A0021078**

2. Principal Place of Business		3. Mailing Address		4. FID Number <b>59-1861418</b>	
State, Apt # etc		State, Apt # etc		5. Certificate or Status Declared <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (PO Box Number is Not Acceptable)		Street Address (PO Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	

8. The above named entity submit this statement for the purpose of changing its registered office or registered agent or both in the State of Florida.

SIGNATURE \_\_\_\_\_  
 Sign and type or printed name of registered agent or director of the corporation or registered agent or director of the partnership.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so

**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 Finance and Trust Fund Contribution  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	<b>GARY A. ZAMORE</b>	TITLE	
NAME	<b>2919 SWANN AVE. SUITE 203</b>	NAME	
STREET ADDRESS	<b>TAMPA, FL 33609</b>	STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c) Florida Statutes. Further, I 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 a duly elected member of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 687, Florida Statutes, and that my name appears in the Florida Business Report changed, or on an attachment with an address, with all other like information.

SIGNATURE: *Gary Zamore* **1/29/01** **813**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **818 8701747**