

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

0519223

DOCUMENT # 600493

1. Entity Name
GITOMER, MECHANIK, DIAZ & THACKER, M.D.S, P.A.

03-09-2001 90502 035 ***150.00

Principal Place of Business 2901 B ST ISABEL TAMPA FL 33607-6350	Mailing Address 2901 B ST ISABEL TAMPA FL 33607-6350
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-1221128** Applied For
 Not Applicable

Zip Country Zip Country 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

GITOMER, STEVEN D
2901 ST ISABEL STREET
STE B
TAMPA FL 33607

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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 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	Change	Addition
P	GITOMER, STEVEN D	2901-B ST ISABEL STREET	TAMPA FL	<input type="checkbox"/>	<input type="checkbox"/>
S	MECHANIK, VALERIE C.	2901-B ST. ISABEL ST.	TAMPA FL	<input type="checkbox"/>	<input type="checkbox"/>
VP	DIAZ, MARIA MD	2901 ST ISABEL, SUITE B	TAMPA FL 33607	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	THACKER, CLIFFORD MD	2901 ST. ISABELL STE B	TAMPA FL 33607	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Steven D Gitomer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/6/01 (813)870-3890
 Daytime Phone #

CR2E034 (10/00)