

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

02 NOV 13 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 600493

1. Entity Name

Mechanik and Thacker, M.O.S., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2901 St. Isabel

Suite, Apt. #, etc.

Suite B

City & State

Tampa, FL

Zip

33607

Country

US

3. Mailing Address

2901 St. Isabel

Suite, Apt. #, etc.

Suite B

City & State

Tampa, FL

Zip

33607

Country

US

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

10/25/02 01054 006 #150.00

4. FEI Number

59-1221128

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Clifford L. Thacker M.D.

Street Address (P.O. Box Number is Not Acceptable)

2901 St. Isabel Suite B

City Tampa

FL

Zip Code

33607

**DO NOT WRITE
IN THIS SPACE**

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

Thacker, Clifford L.

10/21/02

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

(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. (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME
President
Valerie Mechanik MD
STREET ADDRESS
2901 St. Isabel Suite B
CITY - ST - ZIP
Tampa, FL 33607

TITLE NAME
Secretary
Clifford L. Thacker MD
STREET ADDRESS
2901 St. Isabel Suite B
CITY - ST - ZIP
Tampa, FL 33607

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP
500008592515

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP
10/25/02--01054--006 **150.00

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TITLE NAME
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CITY - ST - ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Thacker, Clifford L.

10/21/02

(813) 870-3890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)