

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**  
 06-05-2000 90040 037 \*\*\*150.00

**DOCUMENT # 600650**  
 1. Entity Name  
**HENRY D. GALLO, M.D., P.A.**

Principal Place of Business <b>8325 W HILLSBOROUGH AVE TAMPA FL 33615</b>	Mailing Address <b>8325 W HILLSBOROUGH AVE TAMPA FLA 33615-3805</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number <b>59-1265080</b>	Applied For Not Applicable
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**YADO, JESS J**  
**4830 W. KENNEDY BLVD.**  
**ONE URBAN CENTRE SUITE 750**  
**TAMPA FL 33609-2522**

**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, 2000 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	<b>PD GALLO, HENRY D 8325 W HILLSBOROUGH AVE TAMPA, FL 00000</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Henry D Gallo MD* 04/21/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY DATE Daytime Phone #

CR2E034 (9/99)