

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90221 049 \*\*\*150.00

**DOCUMENT # 601095**



1. Entity Name  
**STOUTAMYER, STRATOS, SCHROEDER, WHALEY, RIZZO & ASSOCIATES, M.D.'S, P.A.**

Principal Place of Business 2010 59TH STREET WEST STE 1500 BRADENTON FL 34209	Mailing Address 2010 59TH STREET WEST STE 1500 BRADENTON FL 34209
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Relocating 02-08-03

50007202



2. Principal Place of Business <b>804 40th Street West</b>	3. Mailing Address <b>804 40th Street West</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State <b>Bradenton, Florida</b>	City & State <b>Bradenton, Florida</b>	4. FEI Number <b>59-1266561</b>	Applied For <input type="checkbox"/>
34205	Country <b>USA</b>	Zip <b>34205</b>	Country <b>USA</b>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHROEDER, K S**  
**2010 59TH STREET WEST**  
**SUITE 1500**  
**BRADENTON FL 34209**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>SCHROEDER, K.S.</b> <b>2010 59TH STREET WEST SUITE 1500</b> <b>BRADENTON FL 34209</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>RIZZO, ANTHONY J.</b> <b>2010 59TH STREET WEST SUITE 1500</b> <b>BRADENTON FL 34209</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BLAUSTEIN, PHILIP A</b> <b>2010 59TH STREET WEST, SUITE 1500</b> <b>BRADENTON FL 34209</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>AINBINDER, MARTIN B</b> <b>2010 59TH STREET WEST STE 1500</b> <b>BRADENTON FL 34209</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BULLEY, DAVID A</b> <b>2010 59TH STREET WEST, STE 1500</b> <b>BRADENTON FL 34209</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>804 40th Street West</b> <b>Bradenton, FL 34205</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>804 40th Street West</b> <b>Bradenton, FL 34205</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>804 40th Street West</b> <b>Bradenton, FL 34205</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>804 40th Street West</b> <b>Bradenton, FL 34205</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>804 40th Street West</b> <b>Bradenton, FL 34205</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V</b> <b>Hiskes, Stephanie K.</b> <b>804 40th Street West</b> <b>Bradenton, FL 34205</b>

12. 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 10 or Block 11 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

Date **1/9/02** 941 749 5464  
Daytime Phone # 941 792 2288

CR2E034 (10/02)