2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
01-19-2000 90288 050 ***150.00

DOCUMENT # 601586

1. Entity Name

SUNCOAST INTERNAL MEDICINE CONSULTANTS, P.A.

Principal Place of Business	Mailing Address
136444 WALSINGHAM RD LARGO FL 33774 US	13644 WALSINGHAM RD LARGO FL 33774-3532 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13644 WALSINGHAM RD	13644 WALSINGHAM RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LARGO FL	City & State: LARGO FL
Zip: 33774 Country: USA	Zip: 33774 Country: USA

4. FEI Number 59-1273247 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WINGFIELD, C. DAVID
13644 WALSINGHAM RD.
LARGO FL 33774

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 ______________________
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) ☐

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	PD WINGFIELD, C DAVID 13644 WALSINGHAM RD LARGO, FL 00000 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WORTH, RANDAL G. 13644 WALSINGHAM RD. LARGO FL 33774 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KUDELKO, PAUL E 13644 WALSINGHAM RD LARGO, FL 00000 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAMBERLAIN, KERRY E. 13644 WALSINGHAM RD LARGO FL 33774 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIGIOVANNI, ROBERT L 13644 WALSINGHAM ROAD LARGO FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALSH, RONALD L. 13644 WALSINGHAM ROAD LARGO FL 33774 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MAXFIELD, DANE L 13644 WALSINGHAM RD LARGO, FL 00000 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NAMEY, JOSEPH J. JR. 13644 WALSINGHAM ROAD LARGO FL 33774 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD OTTAVIANI, A N 13644 WALSINGHAM RD LARGO, FL 00000 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KROLICK MERRILL A. 13644 WALSINGHAM ROAD LARGO FL 33774 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LITTLEFIELD, JERRY M. 13644 WALSINGHAM ROAD LARGO FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] SIGNATURE REQUIRED 727-595-2519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)