

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90042 019 ***150.00

DOCUMENT # 601586

1. Entity Name

SUNCOAST INTERNAL MEDICINE CONSULTANTS, P.A.

Principal Place of Business

136444 WALSINGHAM RD
 LARGO FL 33774
 US

Mailing Address

13644 WALSINGHAM RD
 LARGO FL 33774
 US

00009332



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 **59-1273247**

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

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

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, 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 PD
 NAME WINGFIELD, C DAVID
 STREET ADDRESS 13644 WALSINGHAM RD
 CITY-ST-ZIP LARGO, FL 00000 ☐ Delete

TITLE D
 NAME KERRY E. CHAMBERLAIN
 STREET ADDRESS SAME
 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE VPD
 NAME KUDELKO, PAUL E
 STREET ADDRESS 13644 WALSINGHAM RD
 CITY-ST-ZIP LARGO, FL 00000 ☐ Delete

TITLE R
 NAME RONALD L. WALSH
 STREET ADDRESS SAME
 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE D
 NAME DIGIOVANNI, ROBERT L.
 STREET ADDRESS 13644 WALSINGHAM ROAD
 CITY-ST-ZIP LARGO FL ☐ Delete

TITLE R
 NAME RANDAL G. WORTH
 STREET ADDRESS SAME
 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE TD
 NAME MAXFIELD, DANE L
 STREET ADDRESS 13644 WALSINGHAM RD
 CITY-ST-ZIP LARGO, FL 00000 ☐ Delete

TITLE J
 NAME JOSEPH J. NAMEY JR
 STREET ADDRESS SAME
 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE SD
 NAME OTTAVIANI, A N
 STREET ADDRESS 13644 WALSINGHAM RD
 CITY-ST-ZIP LARGO, FL 00000 ☐ Delete

TITLE M
 NAME MERRILL A. KROLICK
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE D
 NAME LITTLEFIELD, JERRY M.
 STREET ADDRESS 13644 WALSINGHAM ROAD
 CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-595-2519

CR2E034 (10/00)