

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-27-2002 90486 007 ***158.75

DOCUMENT # 602940

1. Entity Name

AGLIANO AND BOOTHBY, M.D.'S, P.A.

Principal Place of Business

**4600 N. HABANA
 SUITE 23
 TAMPA FL 33614**

Mailing Address

**4600 N. HABANA
 SUITE 23
 TAMPA FL 33614**

95111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

59-1351936

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ADELMAN MARTIN J
 4600 N. HABANA AVE
 SUITE 23
 TAMPA FL 33614**

DS Agliano

7. Name and Address of New Registered Agent

Name **Dennis S. Agliano MD**
 Street Address (P.O. Box Number is Not Acceptable) **4600 N. Habana Ave.**
Suite 23
 City **TAMPA** FL Zip Code **33614**

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 *DS Agliano*

DENNIS S. AGLIANO MD

6-21-2002

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, 2002 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

| | | |
|----------------|---------------------------|--------------------------------------------|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | ADELMAN, MARTIN J | |
| STREET ADDRESS | 16037 AVILA BLVD | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | AGLIANO, DENNIS S. | |
| STREET ADDRESS | 4922 ST CROIX | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | BOOTHBY, RENE A | |
| STREET ADDRESS | 7135 WAREHAM DRIVE | |
| CITY-ST-ZIP | TAMPA FL 33647 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|------------------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AGLIANO, DENNIS S. | |
| STREET ADDRESS | 4922 ST CROIX | |
| CITY-ST-ZIP | TAMPA FL 33614 | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOOTHBY, RENE A | |
| STREET ADDRESS | 7135 WAREHAM DRIVE | |
| CITY-ST-ZIP | TAMPA, FL 33647 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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)(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 #

DS Agliano
Dennis S. Agliano M.D.
6/21/02 8798045

CR2E034 (9/01)