

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90019 035 ***150.00

0436000 AV

DOCUMENT # 603516

1. Entity Name

HYDE PARK MEDICAL ASSOCIATES, P.A.

Principal Place of Business

**2919 SWANN AVE., SUITE 400
TAMPA FL 33609**

Mailing Address

**2919 SWANN AVE., SUITE 400
TAMPA FL 33609**

2. Principal Place of Business

3. Mailing Address

824 South Edison

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa FL

Zip

Country

Zip

Country

33606

Hillsborough

4. FEI Number

59-1396031

Applied For

Not Applicable

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

**MARTIN, HUGH M JR
2919 SWANN AVE
SUITE 400
TAMPA FL 33609**

Name

Hugh M. Martin Jr.

Street Address (P.O. Box Number is Not Acceptable)

824 South Edison

City

Tampa

FL

Zip Code

33606

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

02/07/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☐ Delete
NAME **MARTIN, HUGH M JR**
STREET ADDRESS **2919 SWAN AVE #400**
CITY-ST-ZIP **TAMPA, FL 00000**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/07/02 813-877 9483

CR2E034 (9/01)