

Apr-24-01 10:52A Vardy&Company CPAs

FILED
Jun 27, 2001 8:00 am
Secretary of State

05-21-2001 90409 036 ***141.25

06-27-2001 90004 030 *****8.75

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 619413**

1. Entity Name

NORTHIDE EMERGENCY PHARMACISTS AND ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

**3415 N. MCKAY AVE
TAMPA, FL 33609**

2. Principal Place of Business

3415 W MCKAY AVE

3. Mailing Address

3415 W. MCKAY AVE

Subs. Apt. #, etc.

Subs. Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

397899903

Applied For

Not Applicable

Zip

33609

Country

USA

Zip

33609

Country

USA

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BEVERLY P. WILCHER, D.O.
3415 W. MCKAY AVE
TAMPA, FL 33609**

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 this filer

(NOTE: Registered Agent signature required when replacing)

Date

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

☐10. Election Campaign Financing
Trust Fund Contribution.☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
DIRECTOR	BEVERLY P. WILCHER	3415 N. MCKAY AVE	TAMPA, FL 33609	☐

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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)(g), 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 filers empowered.

SIGNATURE:

Beverly P. Wilcher (Director)**BEVERLY P. WILCHER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

000111100320