

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90361 009 ***150.00

DOCUMENT # 628354 1. Entity Name R. THAN MYINT, M.D. D.I.H., P.A.					
Principal Place of Business 6 COLUMBIA DRIVE TAMPA, FL 33606			Mailing Address 6 COLUMBIA DRIVE TAMPA, FL 33606		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1924950	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MYINT, R. THAN 6 COLUMBIA DRIVE TAMPA, FL 33634					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code 33606 </div>					
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 60%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MYINT MD, R THAN 6 COLUMBIA DRIVE TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MYINT, R THAN 304 W DAVIS BLVD TAMPA, FL 00000,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: R. THAN MYINT, M.D., As Secretary					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2034 (10/02)

4/9/03

(813) 251-0832

Date Daytime Phone #

70044312
Attachment DO# 628354
de la PARTE & GILBERT
PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

VIVIAN ARENAS
DAVID M. CALDEVILLA*
RONALD A. CHRISTALDI
EDWARD P. de la PARTE, JR.
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* BOARD CERTIFIED APPELLATE LAWYER

* BOARD CERTIFIED IN BUSINESS LITIGATION LAW

† BOARD CERTIFIED CIVIL TRIAL LAWYER

April 18, 2003

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FOUNDER
LOUIS A. de la PARTE, JR.

Uniform Business Report
Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302-1500

Re: Uniform Business Report for R. Than Myint, M.D., P.A.
Document No. 628354

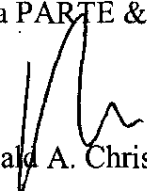
Dear Sir or Madam:

Enclosed is the fully executed 2003 Uniform Business Report for R. Than Myint, M.D., P.A. along with Occupational Medicine & Industrial Health Services Check No. 11437 in the amount of \$150.00 as payment for the filing fee.

Please call me if you have any questions or require further information.

Sincerely,

de la PARTE & GILBERT, P.A.


Ronald A. Christaldi

RAC/lcs
Enclosures

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