

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90028 044 \*\*\*150.00

**DOCUMENT # 635134**

1. Entity Name  
**DALE M. BRAMAN, M.D., P.A.**

Principal Place of Business  
**36456 US HWY 19 N**  
**PALM HARBOR FL 34684**

Mailing Address  
**36456 US HWY 19 N**  
**PALM HARBOR FL 34684**



2. Principal Place of Business  
**1815 Mariner Dr**  
 Suite, Apt. #, etc. **#173**

3. Mailing Address  
**1815 Mariner Dr**  
 Suite, Apt. #, etc. **#173**

City & State  
**Tarpon Springs, FL**  
 Zip **34689** Country **USA**

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4. FEI Number **59-1937256**  
 Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**BRAMAN, DALE**  
**36456 US HWY 19 N**  
**PALM HARBOR FL 33563**

7. Name and Address of New Registered Agent  
 Name **Braman, Dale**  
 Street Address (P.O. Box Number is Not Acceptable) **1815 Mariner Dr**  
**#173**  
 City **Tarpon Springs** **FL** Zip Code **34686**

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 *Dale M. Braman* **16 Feb 02**  
 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAMAN, DALE M</b>		NAME	<b>BRAMAN, DALE M</b>	
STREET ADDRESS	<b>500 DRIFTWOOD DR W</b>		STREET ADDRESS	<b>1815 MARINER DR #173</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>		CITY-ST-ZIP	<b>TARPON SPRINGS, FL 34689</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Dale M. Braman* **16 Feb 02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)