FILED Apr 16, 2002 8:00 am Secretary of State 04-16-2002 90170 043 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 647554 1. Entity Name DAVID J. SCHULAK, M.D., P.A.										
Principal Place of Business			Mailing Address							
3000 E. FLETCHER STE 370 TAMPA FL 33813 US			3000 E. FLETCHER STE 370 TAMPA FL 33613 US							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.							
City & State			City & State							
Zìp	Cour	try	Zip	Cour	Country					
~ 6.*	~Name and Ad	dress of Current R	Lealstered Agent	~ •	1 2					
			<u> </u>		Name					

Principal Place of Business Mailing Address										
3000 E. FLETCHER		3000 E. FLETCHER								
STE 370			STE 370			İ				
TAMPA FL 33	613		TAMPA FL 33613				# 1 68 11# 6 1131 6 1813 166#3 6 13 8 1 8)	II) BIB) BIB)I BIB	I 958 IN 818 II 9	5 0 51 010 11 5 00 1
US			US							
2. Principal Place of Business		3. Mailing Address			ı 489fin Billi Dibli şendi bildi di	[]] 		INII WIWI IONI		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4.	59-1953161			oplied For ot Applicable	
Zìp		Country	Zip Count		ntry	5. (5. Certificate of Status Desired S8.75 Addi Fee Required			
	~ 6.~Name	and Address of Current R	egistered Agent	,		- 7. 1	Name and Address of New F			
					Name				- · · · · · · · · · · · · · · · · · · ·	
SCHULAK	, DAVID				Street A	ddress (P.O. B	Box Number is Not Acceptable	2)		
3000 E Ft	ETCHER				- Oll CCT / V	331033 (1 .O. L	TO THE THOU TO THOU ACCORDANCE	-1		
STE 370										
TAMPA FL 33613				City	City Zip Co				ie	
8. The above	named entit	y submits this statement for t	he purpose of changing its	reaister	ed office or	registered ag	ent, or both, in the State of Flo	orida.	.1	
		,	, , , , , , , , , , , , , , , , , , , ,	,						
SIGNATURE										
	Signature, typed	or printed name of registered agent and	d title if applicable. (NO)	E: Registere	d Agent signatu	re required when re	sinstating)	DATE		
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FE		!!! FEE	IS \$150.0)0	10 Floation Compoign Fir	oneina	Ф Е 0			
Tax filing requirement and elects to do so.		After May 1, 2002 Fee will be \$550.00			 Election Campaign Fir Trust Fund Contributio 	~ —		May Be		
	ria on back) ا		Make Check Paya		epartment	of State				
11.	-	OFFICERS AND D	_ 	12.		AD	DITIONS/CHANGES TO OFF			
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CONCERN, DAVID 0			ET ADDRESS							
			-ST-ZIP							
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NAME			NAM	E					_ (
STREET ADDRESS	. ■ ⁻			ET ADDRESS					}	
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CITY-ST-ZIP:		• 1			-ST-ZIP					
13. I hereby o	ertify that the	information supplied with	is filing does not qualify fo	r the exer	mption state	ed in Section 1	119.07(3)(i), Florida Statutes. I	further certif	y that the in	formation
indicated	on this repor	t or supplemental region is to	us and accurate and that r	ny signat	ure shall ha	ive the same k	egal effect aş if made under o	oatn; that I arr	ı an otticer	or director

of the corporation or the receiver or trustee empowered by 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:

Date

Daytime Phone #