

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 31, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90084 025 \*\*\*150.00

**DOCUMENT # 681730**

1. Entity Name

~~WOELFEL & HART, M.D.'S, P.A.~~*Melinda Beth Hart,*  
*MD. P.A.*

Principal Place of Business

Mailing Address

250 S. TAMiami TrL  
STE 201  
VENICE FL 34285250 S. TAMiami TrL  
STE 201  
VENICE FL 34285-2454  
US

304765



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-2014419

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~WOELFEL, ROBERT L., M.D.  
250 S TAMiami TRAIL, STE 103  
VENICE FL 34285~~*Melinda Beth Hart*  
*250 South Tamiami*  
*Trail*  
*Venice FL 34285*Name *Melinda Beth Hart M.D.*  
Street Address (P.O. Box Number is Not Acceptable)  
*250 South Tamiami Trail*  
*Suite 201*  
City *Venice* FL Zip Code *34285*

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

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, 2000 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 NAME	PD HART, MELINDA BETH	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	250 S. TAMiami TrL 201 VENICE FL	
TITLE NAME	STD WOELFEL, ROBERT L.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	250 S. TAMiami TrL, 201 VENICE FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/99)

## Florida Profit

**MELINDA BETH HART, M.D., P.A.**

### PRINCIPAL ADDRESS

250 S. TAMIAMI TRL  
 STE 201  
 VENICE FL 34285 US  
 Changed 01/24/1994

### MAILING ADDRESS

250 S. TAMIAMI TRL.  
 STE 201  
 VENICE FL 34285 US  
 Changed 01/24/1994

<b>Document Number</b> 681730	<b>FEI Number</b> 592014419	<b>Date Filed</b> 08/02/1980
<b>State</b> FL	<b>Status</b> ACTIVE	<b>Effective Date</b> NONE
<b>Last Event</b> AMENDMENT AND NAME CHANGE	<b>Event Date Filed</b> 05/01/2000	<b>Event Effective Date</b> NONE

## Registered Agent

Name & Address
WOELFEL, ROBERT L., M.D. 250 S TAMIAMI TRAIL, STE 103 VENICE FL 34285 Address Changed: 02/20/1989

### Officer/Director Detail

Name & Address	Title
HART, MELINDA BETH 250 S. TAMIAMI TRL 201 VENICE FL	PD

### Annual Reports

Report Year	Filed Date	Intangible Tax
1997	02/17/1997	Y
1998	02/16/1998	Y