

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90075 037 \*\*\*150.00

DOCUMENT # 681730

1. Entity Name

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

Principal Place of Business

Mailing Address

~~230 S. TAMiami TRl~~ 195 Center Rd ~~230 S. TAMiami TRl~~ Same  
~~STE 201~~ UNIT B ~~STE 201~~  
~~VENICE FL 34205~~ Venice, FL 34292 ~~VENICE FL 34205~~  
~~49~~ 45 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
195 Center Road3. Mailing Address  
195 Center Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit B

Unit B

City &amp; State

City &amp; State

Venice FL 34292

Venice FL 34292

4. FEI Number

59-2014419

Applied For

Not Applicable

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

HART, MELINDA B MD

~~230 S. TAMiami TRl~~~~STE 201~~

VENICE FL 34205

Name

Melinda Beth Hart MD

Street Address (P.O. Box Number is Not Acceptable)

195 Center Road

Unit B

City

Venice

FL

Zip Code

34292

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, 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

TITLE PD  
NAME HART, MELINDA BETH  
STREET ADDRESS ~~230 S. TAMiami TRl~~ 195 Center Rd  
CITY-ST-ZIP VENICE FL 34292

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME Melinda Beth Hart  
STREET ADDRESS 195 Center Road, Unit B  
CITY-ST-ZIP Venice, FL 34292

☒ Change☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(f), 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

4/17/02

Date

941 492-6227

Daytime Phone #

CP2E034 (9/01)