

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736268

1. Entity Name

ST. PETERSBURG MEDICAL CLINIC FOUNDATION, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90015 028 ****61.25

Principal Place of Business

1099 FIFTH AVE., NORTH
ST. PETERSBURG FL 33705

Mailing Address

1099 FIFTH AVE., NORTH
ST. PETERSBURG FL 33705-1419

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1864013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRIDGEFORD, PAUL H M.D.
1099 - 5TH AVENUE NORTH
ST. PETERSBURG FL 33705

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BRIDGEFORD, PAUL H.
STREET ADDRESS 1099 5TH AVE. N.
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE STD
NAME CARLSON, SUSAN M ATTORNE
STREET ADDRESS STE 1100, 150- 2ND AVE NORTH
CITY-ST-ZIP ST PETERSBURG FL 33701 ☐ Delete

TITLE D
NAME BYRON, RICHARD
STREET ADDRESS 1099 5TH AVE. N.
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE D
NAME KOCH, ROBERT
STREET ADDRESS 1099 5TH AVE. N.
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE D
NAME ESTEVEZ, CARLOS
STREET ADDRESS 1099 5TH AVE. N.
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727/821-1221

CR2E037 (9/99)