2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State
02-21-2001 90197 038 ****61.25

DOCUMENT # 763159

1. Entity Name

30TH STREET PROFESSIONAL BUILDING CONDOMINIUM AS

Principal Place of Business	Mailing Address
4600 N. HABANA AVENUE STE. 35 TAMPA FL 33614-7123	4600 N. HABANA AVENUE STE. 35 TAMPA FL 33614-7123

626013

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3103906 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, LAWRENCE S
4600 NORTH HABANA AVENUE
STE. 35
TAMPA FL 33614-7123

PLEASE NOTE CHANGE OF ADDRESS
Lawrence S. Cohen MDPA
13615 Bruce B. Downs Blvd #111
Tampa, Florida 33613-4658

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DURAND, CHERYL ~~6457 MCCAULEY TRAIL W.~~ ~~EDINA MN 55439~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 271 Orlando Ave So Orlando, FL 32789
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT COHEN, LAWRENCE S. 4600 N. HABANA AVENUE TAMPA FL 33614-7123	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIGSBY, ROBERT E RT #3 MAYO FL 32066	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Cardiology Center of Tampa Dr Mario Canedo 13701 Bruce B Downs Blvd Ste 101 Tampa, FL 33613 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP GOLDSTEIN, BERNARD 13615 BRUCE B. DOWNS BLVD., SUITE 112 TAMPA FL 33613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS COHEN, BETTY S 2623 N. DUNDEE STREET TAMPA FL 33629	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DURAND, FRANK ~~6457 MCCAULEY TRAIL W.~~ ~~EDINA MN 55439~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 271 Orlando Ave So. Orlando, FL 32789

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 Lawrence S Cohen 1/22/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #