

2002 UNIFORM BUSINESS REPORT (UBR)

0454908 AV

DOCUMENT # F01000002350

1. Entity Name
TRILLIUM MEDICAL GROUP OF VIRGINIA, INC.

FILED

02 APR 30 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2631 MCCORMICK DRIVE, SUITE 102
CLEARWATER FL 33759

Mailing Address
2631 MCCORMICK DRIVE, SUITE 102
CLEARWATER FL 33759



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2637 McCormick Dr
Suite, Apt. #, etc.
City & State
Clearwater, FL
Zip
33759

3. Mailing Address
Same as Principal
Suite, Apt. #, etc.
Address
City & State
Zip
Country

4. FEI Number 54-2016212
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COATES, BOBBY L
2631 MCCORMICK DRIVE, SUITE 102
CLEARWATER FL 33759

7. Name and Address of New Registered Agent
Name
Thurman, Marcy J
Street Address (P.O. Box Number is Not Acceptable)
2637 McCormick Dr.
City
Clearwater FL Zip Code
33759

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 Marcy J. Thurman DATE 4/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COATES, BOBBY L 2631 MCCORMICK DRIVE, SUITE 102 CLEARWATER FL 33759	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2637 McCormick Dr. Clearwater, FL 33759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT COATES, DEBORAH R 2631 MCCORMICK DRIVE, SUITE 102 CLEARWATER FL 33759	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2637 McCormick Dr. Clearwater, FL 33759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THURMAN, MARCY J 2631 MCCORMICK DRIVE, SUITE 102 CLEARWATER FL 33759	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 live empowers.

SIGNATURE: Bobby L. Coates DATE 4/29/02 DAYTIME PHONE # 727-669-4522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)