## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # F03814** Apr 20, 2000 8:00 am Secretary of State DREW H. STERLING, D.O., P.A. 04-20-2000 90093 018 \*\*\*150.00 Principal Place of Business Mailing Address 730 S. STERLING AVE 730 S. S. STERING SUITE 302 SUITE 302 TAMPA FL 33609 TAMPA FL 33609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2041111 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STERLING, DREW H., D.O. Street Address (P.O. Box Number is Not Acceptable) 730 S, Sterling Ave 3704 SWANN AVENUE **TAMPA FL 33609** lompa 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE STERLING, DREW H., D. O. NAME NAME STREET ADDRESS 730 S. STERLING AVE STE 302 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33609** ☐ Change ☐ Addition ☐ Delete TITLE TITLE ROSIN, JOSEPH H NAME NAME STREET ADDRESS STREET ADDRESS 730 S. STERLING AVE., STE 302 CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33609** - Change Addition TITLE --Delete-TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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