## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 29, 2002 8:00 am § Secretary of State **DOCUMENT #** F13352 1. Entity Name 05-29-2002 90682 033 \*\*\*150 00 DAVID P. MYERS, M.D., P.A. Principal Place of Business Mailing Address 825 W LINEBOUGH AVENUE 825 W LINEBOUGH AVENUE **TAMPA FL 33612** TAMPA FL 33612 2. Principal Place of Business Mailing Addres Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2066775 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SWEENEY, TIMOTHY J Street Address (P.O. Box Number is Not Acceptable) 825 W LINEBAUGH AVENUE **TAMPA FL 33612** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PTSD** ☐ Delete TITLE NAME MYERS, DAVID P. NAME STREET ADDRESS 25 HAMILTON HEATH STREET ADDRESS CITY-ST-ZIP TAMPA FL 33604 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

all other like empowered

TED NAM

SIGNATURE AND TYPED OR PR

SIGNATURE:

SQUIRED

OF SIGNING OFFICER OR DIRECTOR



436768 #F13352

May 16, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500
Attn: Lee Rivers

Re: Late filing of UBRs

Dear Sirs:

This letter shall confirm our telephone conversation of today, wherein I advised that due to a clerical error, our UBRs did not get mailed timely, even though our Business Office cut the checks on April 17, 2002. We are always on time with our yearly filings, and have in response to this mistake instituted safeguards to prevent a reoccurence of this situation in the future. We requested the State's forebearance and you graciously confirmed that we should get the checks and UBRs in the mail today, and that fines would not be assessed. To that end, the checks and UBRs are enclosed.

Thank you for your kind consideration in this matter.

Sincerely yours

Timothy J. Sweeney

Enc.