

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F50982**

1. Entity Name

RICHARD J. EATROFF, M.D., P.A.

Principal Place of Business

403 VONDERBURG DRIVE
SUITE 202
BRANDON FL 33511
US

Mailing Address

403 VONDERBURG DRIVE
SUITE 202
BRANDON FL 33511
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2131867

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINES, JAMES P
315 HYDE PARK AVENUE
TAMPA FL 33606

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

Change Addition

TITLE PD
NAME EATROFF, RICHARD J MD
STREET ADDRESS 403 VONDERBURG DRIVE, SUITE 202
CITY-ST-ZIP BRANDON FL

Delete

TITLE S
NAME EATROFF, LOUISE G
STREET ADDRESS 403 VONDERBURG DRIVE, SUITE 202
CITY-ST-ZIP BRANDON FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

CR2E034 (4/02)

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 like empowered.

SIGNATURE:

NOVATIME RECORDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26/02 813-6855000

*Attachment
#FS0982/075716*

RICHARD J. EATROFF, M.D., P.A.
GASTROENTEROLOGY

**403 VONDERBURG DRIVE
SUITE 202
BRANDON, FLORIDA 33511
(813) 685-5000**

**DIPLOMATE
AMERICAN BOARD OF GASTROENTEROLOGY
AND INTERNAL MEDICINE**

JULY 22, 2002

**DIVISION OF CORPORATIONS
POST OFFICE BOX 6327
TALLAHASSEE, FLORIDA 32314**

TO WHOM IT MAY CONCERN:

WE RECEIVED OUR 2002 ANNUAL UNIFORM BUSINESS REPORT LAST WEEK AND APPARENTLY THIS IS THE SECOND NOTICE THAT WE WERE SENT. THEREFORE WE DID NOT MEET THE ORIGINAL FILING DEADLINE AND AN ADDITIONAL PENALTY WAS ASSESSED.

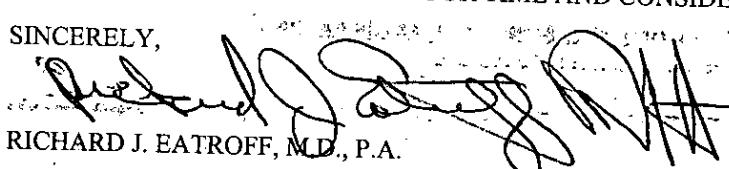
I CALLED TODAY AND SPOKE WITH A REPRESENTATIVE EXPLAINING THAT WE HAVE BEEN HAVING A PROBLEM RECEIVING OUR MAIL FOR SEVERAL MONTHS AND ARE CURRENTLY WORKING WITH THE POSTAL SERVICE ON THIS MATTER. IN FACT WHEN WE RECEIVED THIS REPORT, WE ALSO RECEIVED THE BUSINESS REPORT FOR ANOTHER PHYSICIAN THREE BUILDINGS DOWN THE STREET FROM OURS, ALTHOUGH BOTH ADDRESSES WERE CORRECT.

IN VIEW OF THESE CIRCUMSTANCES WE WOULD APPRECIATE YOUR CONSIDERATION IN WAIVING THIS ADDITIONAL FEE WITH OUR ASSURANCE THAT THIS WILL NOT BE A SITUATION AGAIN IN THE FUTURE. YOUR REPRESENTATIVE ADVISED ME TO LOOK FOR THE FIRST NOTICE IN FEBRUARY.

YOUR REPRESENTATIVE ADVISED ME TO SUBMIT THE FEE OF \$150.00 AT THIS TIME WITH A LETTER OF EXPLANATION.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER.

SINCERELY,


RICHARD J. EATROFF, M.D., P.A.