

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90002 039 ***150.00

DOCUMENT # F86874

1. Entity Name

MANATEE OBSTETRICS AND GYNECOLOGY, P.A.

Principal Place of Business

6417 - 3RD AVE. W.
 BRADENTON, FL
 34209

Mailing Address

6417 - 3RD AVE. W.
 BRADENTON, FL
 34209

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

59-2203121

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAREN F. LIEBERT, M.D.
 504 - 63RD STREET N.W.
 BRADENTON, FL 34209

7. Name and Address of New Registered Agent

Name
 KAREN F. LIEBERT, M.D.

Street Address (P.O. Box Number is Not Acceptable)
 6417 - 3RD AVENUE WEST

City
 BRADENTON

FL

Zip Code
 34209

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)

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 \$150.00
(After MAY 1, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY-TREASURER DENNIS M. HALE, M.D. 4412 RIVERVIEW DR., N.W. BRADENTON, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS THOMAS, M.D. 231 PEACOCK LANE HOLMES BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DONALD F. WESTRA, M.D. 2388 LANDING CIRCLE BRADENTON, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARLA CHAPMAN, M.D. 6417 - 3RD AVENUE WEST BRADENTON, FL 34209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARION MARILYN PANDISCIO, M.D. 6417 - 3RD AVENUE WEST BRADENTON, FL 34209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	6417 - 3RD AVENUE WEST BRADENTON, FL 34209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6417 - 3RD AVENUE WEST BRADENTON, FL 34209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6417 - 3RD AVENUE WEST BRADENTON, FL 34209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 like empowered.

SIGNATURE:

MARILYN PANDISCIO

6/26/01 941-792-4993

CR2E034 (11/00)