

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G05711

1. Entity Name

HAUSER & FRIERSON, M.D.'S, PROFESSIONAL ASSOCIAT

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90015 025 ***150.00

Principal Place of Business

Mailing Address

8730 4TH STREET N
ST. PETERSBURG FL 33702
US

8730 4TH STREET N
ST. PETERSBURG FL 33702-3106
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2224129

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSBORNE, GEORGE M.
433 FOURTH STREET NORTH
ST. PETERSBURG FL 33701

Name

James Nieset

Street Address (P.O. Box Number is Not Acceptable)

6740 CROSSWINDS DR. N.

City

ST. PETERSBURG

FL

Zip Code

33710

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, 2000 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
PMS
FRIERSON, ERNEST L, MD
8730 FOURTH STREET N
ST PETERSBURG, FL 00000- ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
33702

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MS
HAUSER, CLAYTON J, MD
8730 FOURTH STREET N
ST PETERSBURG, FL 00000 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Officer
Thompson, Frank M.D.
8730 Fourth Street N.
St. Petersburg, FL. 33702 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Officer
Faye, Jennifer M.D.
8730 Fourth Street N.
St. Petersburg, FL. 33702 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OFFICER
BHARGAVA-PATEL, KIRTI, M.D.
8730 FOURTH STREET N.
ST. PETERSBURG, FL 33702 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK A. THOMPSON, M.D.

Date

Daytime Phone #

(927) 576-4229

CR2E034 (9/99)