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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2001 8:00 am
Secretary of State
05-22-2001 90036 006 ***150.00

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NC 31231091

1. Entity Name

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

NORTHEAST FAMILY PRACTICE, P.A.

Principal Place of Business	Mailing Address
8730 4TH STREET N ST. PETERSBURG FL 33702 US	8730 4TH STREET N ST. PETERSBURG FL 33702 US

DO NOT WRITE IN THIS SPACE

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 59-2224129 ☐ Applied For ☐ Not Applicable

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
NIESET, JAMES 6740 CROSSWINDS DRIVE NORTH ST. PETERSBURG FL 33701	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.

SIGNATURE _____ DATE
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 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PMS~~ PRESIDENT FRIERSON, ERNEST L, MD 8730 FOURTH STREET N ST PETERSBURG, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT BHARGAVA-PATEL, KIRTI 8730-4 STREET NORTH ST. PETERSBURG, FL 33702	☐ Change ☒ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O VICE-PRESIDENT THOMPSON, FRANK A 8730 4 STREET NORTH SAINT PETERSBURG FL 33702	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / 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 furth 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; of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name ap changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 04-27-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
ERNEST L. FRIERSON, M.D.