## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # G46838**

Country

FRIEDER, HENRY P

1500 HILLVIEW DR **SARASOTA FL 34239-2026** 

9. This corporation is eligible to satisfy its Intangible

FRIEDER, HENRY P

1500 HILLVIEW DR

SARASOTA FL 34239-2026

changed, or on an attachment with an address, with

Tax filing requirement and elects to do so.

(See criteria on back)

PDST

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

1. Entity Name

\_Zip

SIGNATURE

11.

TITLE

NAME STREET ADDRESS

TITLE NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

## HENRY P. FRIEDER, M.D., ANESTHESIOLOGY ASSOCIATE

Principal Place of Business	Mailing Address	
1500 HILLVIEW DR SARASOTA FL 34239-2026 US	1500 HILLVIEW DR Sarasota FL 34239-2026 US	
2. Principal Place of Business	3. Mailing Address	<u>.</u> .
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	<u> </u>

Country

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Delete

☐ Delete

☐ Delete

☐ Delete

Delete

□ Delete

all other like empowered

ED NAME OF SIGNING OFFICER OR DIRECTOR

12.

TITLE

NAME

TITLE

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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

CITY-ST-ZIP

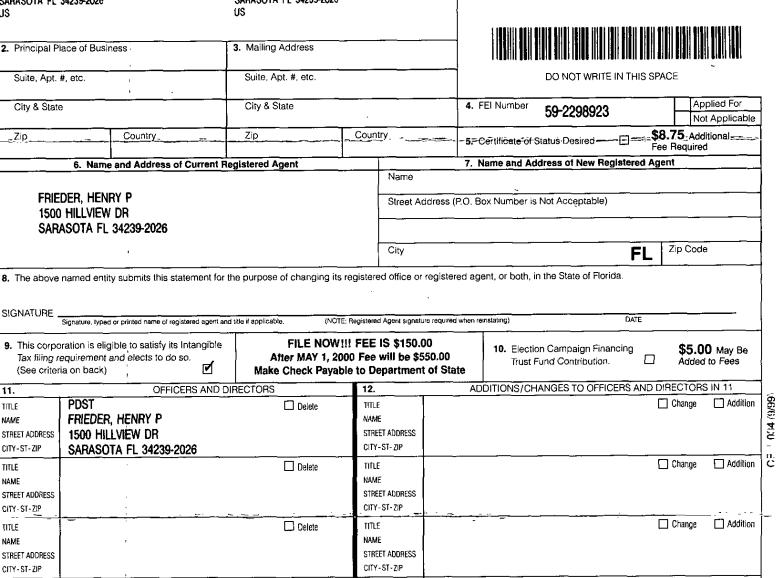
CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-7IP

## **FILED** May 31, 2000 8:00 am Secretary of State

05-31-2000 90015 026 \*\*\*150.00



☐ Chánge

☐ Change

☐ Change

441·422·3434

Daytime Phone #

Addition

☐ Addition

☐ Addition