

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 26, 2001 8:00 am  
Secretary of State

03-26-2001 90163 049 \*\*\*150.00

DOCUMENT # G61055

1. Entity Name

LABORATORY PHYSICIANS, P.A.

Principal Place of Business

701 6TH ST SO  
STE 580  
ST PETERSBURG FL 33701  
US

Mailing Address

PO BOX 13700  
ST PETERSBURG FL 33703  
US

2. Principal Place of Business

3. Mailing Address

1212 66th Street North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, & State

St. Petersburg, FL

Zip

Country

33710-6226

Country

USA

4. FEI Number

59-2323586

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

ESSMAN, RICHARD A  
603 7TH ST SO  
STE 580  
ST PETERSBURG FL 33701

Name

Davis, Larry J.

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

1212 66th Street North

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

*Larry J. Davis*

Larry J. Davis

3/21/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH JR., DENNIS M. 606 7TH ST S #580 ST PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVIS, LARRY J 603 7TH ST SO #580 ST PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SONGSTER, CURTIS L. 603 7TH ST S #580 ST PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESSMAN, RICHARD A. 603 7TH ST S #580 ST PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 1212 66th Street North 33710	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 1212 66th Street North 33710	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST D 1212 66th Street North 33710	<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 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: *Larry J. Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry J. Davis

Date

Daytime Phone #

3/21/01 (727) 893-6182

CR2E034 (10/00)