

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # H74786

06-14-2000 90039 022 ***150.00

1. Entity Name
JAMES O. BROOKINS, M.D., P.A.

FILED
 00 JUL 24 AM 8:54
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business % JAMES O. BROOKINS, M.D. 4728 N HABANA AVE. S202 TAMPA FL 33614	Mailing Address % JAMES O. BROOKINS, M.D. 4728 N HABANA AVE. S202 TAMPA FL 33614-7100
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-2562115	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State	City & State	Zip	Country

6. Name and Address of Current Registered Agent BROOKINS, SANDRA, WITSELL 4728 NORTH HABANA AVE. SUITE 202 TAMPA FL 33614	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. **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	PD BROOKINS, JAMES O. 4728 N. HABANA AVE., #202 TAMPA FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROOKINS, SANDRA, W 4728 N. HABANA AVE., #202 TAMPA FL 33614 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: JAMES O. BROOKINS, M.D. Date: 4/10/00 Daytime Phone #: (813) 876-9553

CR2E034 (9/99)

KE

James O. Brookins, M.D., P.A.

Internal Medicine



July 20, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference Number: H 74786

We are requesting that the late fee of \$400.00 be dismissed. We filed this form on April 10, 2000 and our check also dated for the same date has been cashed as well. (check # 3633)

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'James O. Brookins'.

James O. Brookins, M.D.