

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 08, 2003 8:00 am**  
**Secretary of State**

08-08-2003 90093 020 \*\*\*150.00

0096101 AV

**DOCUMENT # H74786**

1. Entity Name

**JAMES O. BROOKINS, M.D., P.A.**



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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2562115**

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

**BROOKINS, SANDRA, WITSELL**  
**4728 NORTH HABANA AVE. SUITE 202**  
**TAMPA FL 33614**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **BROOKINS, JAMES O.**  
STREET ADDRESS **4728 N. HABANA AVE., #202**  
CITY-ST-ZIP **TAMPA FL 33614**

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

TITLE **V** ☐ Delete  
NAME **BROOKINS, SANDRA, W**  
STREET ADDRESS **4728 N. HABANA AVE., #202**  
CITY-ST-ZIP **TAMPA FL 33614**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*August 5, 2003* (813) 876-0038  
Date Daytime Phone #

CR2E034 (4/03)

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

Internal Medicine



86137082  
H 74786

August 5, 2003

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

Reference Number: H 74786

To Whom It May Concern:

We are requesting that the late fee of \$400.00 be dismissed, as we did not receive the prior notice. We are submitting the original filing fee of \$150.00.

Thank you for your attention to this matter.

Sincerely,

  
James O. Brookins, M.D.