

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91639 003 ***150.00

DOCUMENT # H76208

1. Entity Name
BILL WELCH, M.D., P.A.

Principal Place of Business

**6560 9TH AVE
 ST PETERSBURG FL 33710
 US**

Mailing Address

**6560 9TH AVE
 STE D
 ST PETERSBURG FL 33710
 US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 2154

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Petersburg, FL

4. FEI Number

59-2572432

Applied For

Not Applicable

Zip

Country

Zip

Country

33731

Pinellas

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

**WELCH, BILL
 6560 9TH AVE N
 ST. PETERSBURG FL 33710**

Name

BILL WELCH

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

11 CENTRAL AVE. c/o ST. PETERSBURG YACHT CLUB

SLIP # 36

City

ST. PETERSBURG

FL

Zip Code
33701

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 **BILL WELCH, MD**

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

(NOTE: Registered Agent signature required when reinstating)

4/30/02

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, 2002 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **WELCH, BILL**
 CITY-ST-ZIP **6560 9TH AVE N
 ST PETERSBURG FL 33710**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **P.O. Box 2154**
 CITY-ST-ZIP **St. Petersburg, FL 33710**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
 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 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: **BILL WELCH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

4/30/02

Date

800-578-9363

727-821-0900

Daytime Phone #

CR2E034 (9/01)