

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H78254

1. Entity Name

RENAL STONE CENTER MANAGEMENT, INC.

Principal Place of Business

6002 49TH ST N
ST. PETERSBURG FL 33709
US

Mailing Address

6002 49TH ST N
ST. PETERSBURG FL 33709-2114
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2584087

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

YORK, WOODY N.
1223 ROXMERE RD
TAMPA FL 33606

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.

SIGNATURE

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, 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	D	<input type="checkbox"/> Delete
NAME	YORK, WOODY N.	
STREET ADDRESS	1223 ROXMERE RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, T. JOHNSON	
STREET ADDRESS	11011 JEFFORDS ST.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KARP, R	
STREET ADDRESS	500 VONDERBURG DR	
CITY-ST-ZIP	BRANDON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GORDON, MARK R	
STREET ADDRESS	601 7TH STREET S	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SHARKEY, JERROLD	
STREET ADDRESS	5652 MEADOW LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHERUEN, J P	
STREET ADDRESS	1329 MONTEREY BLVD, NE	
CITY-ST-ZIP	ST PETE FL 33704	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thro, Joseph G	
STREET ADDRESS	530 S. Nokomis Ave	
CITY-ST-ZIP	Venice, FL 33428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN P. SCHERUEN MD

Date

4-26-00

Daytime Phone #

727-521-3645

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90289 026 ***150.00

00000000



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)