

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

MSBR03 AV

03-12-2002 90278 043 ***150.00

DOCUMENT # K31509
 1. Entity Name
GILMAN R. TYLER, JR., M.D., P.A.

Principal Place of Business 508 S. HABANA AVE. STE 360 TAMPA FL 33609 US	Mailing Address 508 S HABANA AVE SUITE 360 TAMPA FL 33609 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 602 S. AUDUBON AVENUE	3. Mailing Address 602 S. AUDUBON AVENUE
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Suite, Apt. #, etc. SUITE A	Suite, Apt. #, etc. SUITE A
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City & State TAMPA, FL.	City & State TAMPA, FL.
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4. FEI Number 59-2981743	Applied For <input type="checkbox"/> Not Applicable
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Zip 33609	Country US	Zip 33609	Country US
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**TYLER, GILMAN R. JR.
 508 S. HABANA AVE., SUITE 360
 TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name GILMAN R. TYLER, JR.
Street Address (P.O. Box Number is Not Acceptable) 602 S. AUDUBON AVENUE
SUITE A
City TAMPA
State FL
Zip Code 33609

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 *Gilman R. Tyler Jr* **GILMAN R. TYLER, JR.** DATE **2/24/02**

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. (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

TITLE PD	<input type="checkbox"/> Delete
NAME TYLER, GILMAN R., JR.	
STREET ADDRESS 508 S HABANA AVE STE 360	
CITY-ST-ZIP TAMPA FL	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GILMAN R. TYLER, JR.	
STREET ADDRESS 602 S. AUDUBON AVENUE, SUITE A	
CITY-ST-ZIP TAMPA, FL. 33609	
TITLE <input 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 <input 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	

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: *Gilman R. Tyler Jr* **GILMAN R. TYLER, JR.** DATE **2/25/02** DAYTIME PHONE # **813-877-1415**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)