

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K54694

1. Entity Name

OB/GYN ASSOCIATES, P.A.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90007 001 ***150.00

Principal Place of Business

Mailing Address

6450 38TH AVE N.
SUITE #200 (DOCTORS PLAZA)
ST. PETERSBURG FL 33710
US

6450 38TH AVE N
SUITE #200 (DOCTORS PLAZA)
ST. PETERSBURG FL 33710-1649
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0096389**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CARLSON, CHARLES A
601 BAYSHORE BLVD., SUITE 700
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	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
SD	BENSON, BETH B	6450 38TH AV N 200	ST PETE FL 33710	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	CARLSON, JEFFREY K	6450 38TH AVE N 200	ST. PETE FL 33710	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	MASTRY MICHEAL G.	6450 38TH AVE N 200	ST. PETE FL 33710	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:  **DR. JEFFREY K. CARLSON, Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

727-344-6060

Daytime Phone #

CR2E034 (9/99)