

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K56807**

1. Entity Name **PALM HARBOR PEDIATRICS, P.A.**

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90395 001 *****8.75
 05-05-2001 90395 002 ***150.00

Principal Place of Business Mailing Address

2595 S. R. 584 (Tampa Rd.)
Suite W
Palm Harbor, FL. 34684

41124

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2922707** Applied For Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Arroyo, Fernando L.
2595 S. R. 584
Suite W
Palm Harbor, FL. 34684

7. Name and Address of New Registered Agent

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 **R. Enid Gaud, M.D. President** DATE **4/16/2001**

(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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARROYO, Fernando L.	
STREET ADDRESS	2595 S. R. 584, Suite W	
CITY-ST-ZIP	Palm Harbor, FL. 34684	
TITLE	V/M	<input checked="" type="checkbox"/> Delete
NAME	GAUD, R. ENID	
STREET ADDRESS	2595 S. R. 584, Suite W	
CITY-ST-ZIP	Palm Harbor, FL. 34684	
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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arroyo, Fernando L.	
STREET ADDRESS	2595 S. R. 584 Suite W	
CITY-ST-ZIP	Palm Harbor, FL. 34684	
TITLE	P/S/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAUD, R. ENID	
STREET ADDRESS	2595 S. R. 584, Suite W	
CITY-ST-ZIP	Palm Harbor, FL. 34684	
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: **R. Enid Gaud, M.D. President** DATE **4/16/2001** (727) 785-3092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)