

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
 05-03-2001 90067 001 \*\*\*150.00

**DOCUMENT # K60472**

1. Entity Name  
**TOMMY J. BORRELL, M.D. PROFESSIONAL ASSOCIATION**

Principal Place of Business <b>4602 N. ARMENIA          SUITE B          TAMPA FL 33603          US</b>	Mailing Address <b>4602 NORTH ARMENIA          SUITE B          TAMPA FL 33603          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4620 N. HABANA AVE., #103          Suite, Apt. #, etc.          SUITE 103</b>	3. Mailing Address <b>4620 N. HABANA AVE.          Suite, Apt. #, etc.          SUITE 103</b>
City & State <b>TAMPA, FL.</b>	City & State <b>TAMPA, FL.</b>
Zip <b>33614</b>	Country <b>USA</b>

4. FEI Number <b>59-2926906</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BORRELL, TOMMY J.  
 4602 N. ARMENIA, SUITE B  
 TAMPA FL 33603**

7. Name and Address of New Registered Agent

Name  
**BORRELL, TOMMY J.**

Street Address (P.O. Box Number is Not Acceptable)  
**4620 N. HABANA AVE.  
 SUITE 103**

City **TAMPA** FL Zip Code **33614**

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 DATE **4/24/01**

Signature required 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BORELL, TOMMY J., M.D.                  4602 N. ARMENIA, SUITE B                  TAMPA FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BORRELL, TOMMY J., M.D.                  4620 N. HABANA AVE, SUITE 103                  TAMPA, FL. 33614</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: DATE **4/24/01** 813-874-7334

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

CR2E034 (10/00)