

2002 UNIFORM BUSINESS REPORT (UBR)

1/2.

FILED
Feb 21, 2002 8:00 am
Secretary of State

01-23-2002 90084 015 ****50.00

DOCUMENT # L01000015109

1. Entity Name

TAMPA BAY MEDICAL SPECIALTIES, L.L.C.

Principal Place of Business

**15511 NORTH FLORIDA AVE., SUITE D
TAMPA FL 33613**

Mailing Address

**15511 NORTH FLORIDA AVE., SUITE D
TAMPA FL 33613**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3229068

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GREGORY, WILLIAM P
715 W. SWANN AVE.
TAMPA FL 33606**

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
NAME **IEZZI, ALAN J**
STREET ADDRESS **15511 NORTH FLORIDA AVE., SUITE D**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/10/02

(813) 908-8700

CR2E083 (9/01)