

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000017897

FILED  
Jan 09, 2002 8:00 AM  
Secretary of State

**Entity Name:** BRIAN D. HALE, M.D., P.L.C.

## Current Principal Place of Business:

340 TALL OAK TRAIL  
TARPON SPRINGS, FL 34688

## New Principal Place of Business:

1200 PINELLAS AVE.  
SUITE 11  
TARPON SPRINGS, FL 34689

## Current Mailing Address:

340 TALL OAK TRAIL  
TARPON SPRINGS, FL 34688

## New Mailing Address:

FEI Number: 59-3749998

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ.  
1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: HALE, BRIAN M.D.  
Address: 340 TALL OAK TRAIL  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: MGRM ( ) Delete  
Name: HALE, CONSTANCE  
Address: 340 TALL OAK TRAIL  
City-St-Zip: TARPON SPRINGS, FL 34688

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BRIAN D. HALE, M.D.

MGRM

01/09/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date