

# 2001 UNIFORM BUSINESS REPORT (UBR)

1052

**DOCUMENT #** L05772

**1. Entity Name**  
RHEUMATOLOGY ASSOCIATES OF CENTRAL FLORIDA, P.A.

**FILED**  
01 JUL 27 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business**  
3861 Oakwater Circle  
Suite 2  
Orlando, Florida 32806

**Mailing Address**  
3861 Oakwater Circle  
Suite 2  
Orlando, FL 32806

**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**  
59-2958999

**Applied For**  
☐ Applied For  
☐ Not Applicable

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

**2000-2001 UBR**

**6. Name and Address of Current Registered Agent**  
Pamela G. Freeman, M.D.  
3861 Oakwater Circle, Suite 2  
Orlando, FL 32806

**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** Pamela G. Freeman **DATE** 7/20/01

Signature typed 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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

|                                                       |                                                                                             |                                 |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br>Freeman, Pamela G., M.D.<br>3861 Oakwater Circle, Suite 2<br>Orlando, FL 32806 | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br>Hasselbring, Caryn, M.D.<br>3861 Oakwater Circle, Suite 2<br>Orlando, FL 32806 | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             | <input type="checkbox"/> Delete |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                                                       |                                                                   |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                       | 300004548289--1<br>-08/22/01--01025--022<br>****300.00 ****300.00 |                                                                   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>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)(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:** [Signature] **DATE** 7/20/01 **Daytime Phone #** (407) 859-4540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)

DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO, & BOZARTH, P. A.

ATTORNEYS AND COUNSELORS AT LAW

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(407) 423-7107

July 20, 2001

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Attention: Reinstatements Section

Re: Rheumatology Associates of Central Florida, P.A.  
Document No. L05772

Dear Sir or Madam:

Please find enclosed the **2001 Uniform Business Report** for the above corporation, which was administratively dissolved by your office on September 22, 2000 for failure to file the Annual Report. Also enclosed is a **check for \$300.00** to cover the 2000 and 2001 filing fees. Our client has advised us that the corporation did not receive the Uniform Business Report form for those years, or notification that the filings were due. Accordingly, we are requesting that the reinstatement fee be waived.

Thank you for your consideration and assistance.

Sincerely,



Karen Brawn, Legal Assistant to  
Robert W. Mead, Jr.

kb  
Enclosures

cc: Pamela G. Freeman, M.D.  
Mary Ann Deisseroth, C.P.A.