

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90156 004 ***150.00

0623528 AV

DOCUMENT # L26797

1. Entity Name

PEDIATRIC ASSOCIATES OF SARASOTA, INC.

Principal Place of Business

**C/O ROBERT J. SHAMSEY
 1851 ARLINGTON STREET, SUITE 208
 SARASOTA FL 34239**

Mailing Address

**C/O ROBERT J. SHAMSEY
 1851 ARLINGTON STREET, SUITE 208
 SARASOTA FL 34239**

2. Principal Place of Business

1215 East Avenue S.

Suite, Apt. #, etc.

303

City & State

Sarasota, FL

Zip

34239

Country

USA

3. Mailing Address

1215 East Avenue S.

Suite, Apt. #, etc.

303

City & State

Sarasota, FL

Zip

34239

Country

USA

4. FEI Number

65-0151701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SHAMSEY, ROBERT J MD
 1851 ARLINGTON ST.
 STE 208
 SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name

Robert J. Shamsey, MD

Street Address (P.O. Box Number is Not Acceptable)

1215 East Avenue S. Ste. 303

City

Sarasota

FL

Zip Code

34239

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	SHAMSEY, ROBERT J MD	
STREET ADDRESS	1851 ARLINGTON ST., SUITE 208	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEISS, ROBERT A MD	
STREET ADDRESS	1851 ARLINGTON ST., SUITE 208	
CITY-ST-ZIP	SARASOTA FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert J. Shamsey, MD	
STREET ADDRESS	1215 East Avenue S., Ste. 303	
CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert A. Weiss, MD	
STREET ADDRESS	1215 East Avenue S., Ste. 303	
CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Katherine Keeley, MD	
STREET ADDRESS	1215 East Avenue S., Ste 303	
CITY-ST-ZIP	Sarasota, FL 34239	
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: x Robert J Shamsey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 3/12/02

Date

x 941-366-3000

Daytime Phone #

CR2E034 (9/01)