

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94704

1. Entity Name

INTERNAL MEDICINE ASSOCIATES OF PASCO COUNTY, IN

Principal Place of Business

~~13906 LAKESHORE BLVD.~~
~~SUITE 300~~
~~HUDSON FL 34667-1481~~
~~US~~

Mailing Address

18126 BRANCH RD.
HUDSON FL 34667-5838
US

2. Principal Place of Business

7509 SR 52

3. Mailing Address

Suite, Apt. #, etc.

Suite 210

City & State

HUDSON, FL

City & State

Zip

34667

Country

USA

Zip

Country

4. FEI Number

59-3026246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, WAYNE
18126 BRANCH ROAD
HUDSON FL 34667

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 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, 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 P
NAME TAYLOR, WAYNE
STREET ADDRESS 13906 LAKESHORE BLVD.
CITY-ST-ZIP HUDSON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7509 STATE ROAD 52, STE 210
CITY-ST-ZIP HUDSON, FL 34667

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90002 028 ***150.00

80037773



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)