

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUN 23 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

L99000009100

1. Entity Name

ALAN T. RUDOLPH, M.D., L.C.

Principal Place of Business

Mailing Address

4909 Andros Drive  
Tampa, FL 33629

2. Principal Place of Business

3. Mailing Address

4909 Andros Drive  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33629

Country

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3617570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Alan T. Rudolph, MD

7. Name and Address of New Registered Agent

Name Alan T. Rudolph, M.D.

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

4909 Andros Drive

City

Tampa

FL

Zip Code

33629

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE		<input type="checkbox"/> Delete
NAME	Alan T Rudolph MD M&RM	
STREET ADDRESS	4909 Andros Drive	
CITY-ST-ZIP	Tampa, FL 33629	
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		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300003313529--5	
CITY-ST-ZIP	-07/05/00--01093--024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	*****50.00 *****50.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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		

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)