

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009100

1. Entity Name
ALAN T. RUDOLPH, M.D., L.C.

Principal Place of Business

4909 ANDROS DRIVE
TAMPA FL 33629

Mailing Address

4909 ANDROS DRIVE
TAMPA FL 33629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

KEATON, KAREN S
111 - 2ND AVE., N.E., SUITE 610
ST. PETERSBURG FL 33701

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 DR

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 *Alan T. Rudolph MD*

(NOTE: Registered Agent signature required when reinstating)

3/6/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM
STREET ADDRESS RUDOLPH, ALAN T MD
CITY-ST-ZIP 4909 ANDROS DRIVE
TAMPA FL 33629 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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: *Alan T. Rudolph MD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)