

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90078 015 ****61.25

DOCUMENT # N18160

1. Entity Name

PINELLAS COUNTY MEDICAL SOCIETY ALLIANCE, INC.

Principal Place of Business

Mailing Address

7411 114TH AVE. N
 SUITE 306
 LARGO FL 34643

7411 114TH AVE. N
 SUITE 306
 LARGO FL 33773-5108

E0034836



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2861711

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRADDICK, CARYN M
7411 114TH AVE N
SUITE 306
LARGO FL 33773

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE <input type="checkbox"/> Delete NAME D BARAN, CYNTHIA STREET ADDRESS 2130 COFFEE POT BLVD NE CITY-ST-ZIP ST. PETERSBURG FL 33704	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE same NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input checked="" type="checkbox"/> Delete NAME T/D THOMPSON, DOROTHY STREET ADDRESS 2000 BLOSSOM WAY S. CT NE CITY-ST-ZIP ST PETERSBURG FL 33712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE Ross Johnson NAME STREET ADDRESS 1962 Hawaii Ave. NE CITY-ST-ZIP St. Petersburg FL 33703
TITLE <input checked="" type="checkbox"/> Delete NAME D CARLSON, CHERYL STREET ADDRESS 156 RAMON WAY NE CITY-ST-ZIP ST PETERSBURG FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE Elena Cano NAME STREET ADDRESS 1920 Cherry St. NE CITY-ST-ZIP St. Petersburg FL 33704
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elena Cano
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 Jan 2000 (727) 8984601
 Date Daytime Phone #

CR2E037 (9/99)