

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39764

1. Entity Name

MADISON STREET PROFESSIONAL CENTER ASSOCIATION,

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90403 030 ****61.25

D0029422



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6641 MADISON STREET NEW PORT RICHEY FL 34652 US	6641 MADISON STREET NEW PORT RICHEY FL 34652 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	Applied For
65-0141295	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
DEMPSEY, DAVID W. 6641 MADISON STREET NEW PORT RICHEY FL 34652

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE	PD
NAME	DEMPSEY, DAVID W.
STREET ADDRESS	6641 MADISON STREET
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	STD
NAME	DEMPSEY, THELMA
STREET ADDRESS	2336 WOODBEND CIRCLE
CITY-ST-ZIP	NEW PORT RICHEY FL 34655
TITLE	D
NAME	DEMPSEY, WILLIAM
STREET ADDRESS	2336 WOODBEND CIRCLE
CITY-ST-ZIP	NEW PORT RICHEY FL 34655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Signature of David W. Dempsey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/27/01 Daytime Phone #

CR2E037 (10/00)