

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/18/

**FILED**  
**Jun 27, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90327 027 \*\*\*\*70.00

**DOCUMENT # N93000001888**

1. Entity Name

**BAYFRONT-ST. ANTHONY'S PHO, INC.**

Principal Place of Business

**1200 SEVENTH AVE N  
ST PETERSBURG FL 33705**

Mailing Address

**1200 SEVENTH AVE N  
ST PETERSBURG FL 33705-1300**

2. Principal Place of Business

**701 - 6th Street South**

Suite, Apt. #, etc.

3. Mailing Address

**701 - 6th Street South**

Suite, Apt. #, etc.

City & State

**St. Petersburg, FL**

City & State

**St. Petersburg, FL**

4. FEI Number

**59-3184319**

Applied For

Not Applicable

Zip

**33701**

Country

Zip

**33701**

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MALIAH, ISAAC  
1200 7TH AVE N  
ST PETERSBURG FL 33705**

7. Name and Address of New Registered Agent

Name

**Rex Ragsdale, MD**

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

**701 - 6th Street South**

City

**St. Petersburg**

FL

Zip Code  
**33701**

8. The above named entity admits 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 date if applicable.

Signature of Registered Agent required when reinstating.

DATE

**4/27/00**

**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** ☐ Delete  
NAME **MILLER, ROBERT M.D.**  
STREET ADDRESS **1301 5TH AVENUE NORTH**  
CITY-ST-ZIP **ST PETERSBURG FL 33705**

TITLE **D** ☒ Delete  
NAME **MCCLINIC, JAMES A M.D.**  
STREET ADDRESS **1201 5TH AVENUE N. #506**  
CITY-ST-ZIP **ST PETERSBURG FL 33705**

TITLE **SD** ☐ Delete  
NAME **REILLY, MICHAEL T M.D.**  
STREET ADDRESS **1201 FIFTH AVE N STE 401**  
CITY-ST-ZIP **ST PETERSBURG FL 33705**

TITLE **TD** ☒ Delete  
NAME **GORSEMAN, JAY**  
STREET ADDRESS **1200-7TH AVE N**  
CITY-ST-ZIP **ST PETERSBURG FL 33705**

TITLE **VD** ☐ Delete  
NAME **EGAN, THOMAS M.D.**  
STREET ADDRESS **1201 5TH AVENUE NORTH #509**  
CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE **VCD** ☒ Delete  
NAME **EMERSON, WILLIAM A**  
STREET ADDRESS **3050 82ND WAY**  
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VCD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition  
NAME **RAGSDALE, REX M.D.**  
STREET ADDRESS **701 - 6th STREET SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition  
NAME **GORDON, MARK M.D.**  
STREET ADDRESS **601- 7th STREET SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CD** ☐ Change ☒ Addition  
NAME **PEARLSTEIN, LESLIE M.D.**  
STREET ADDRESS **603 - 7th STREET SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)