

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001925

1. Entity Name

PEDIATRIC MEDICAL SURGICAL SUBSPECIALTY GROUP, I

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90035 005 \*\*\*\*70.00

Principal Place of Business

801 WEST M L KING JR BLVD  
TAMPA FL 33615  
US

Mailing Address

801 WEST M L KING JR BLVD  
PALM HARBOR FL 33603  
US

00010440



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

59-3178616

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

HABAL, MUTAZ B  
801 WEST M.L. KING BLVD  
TAMPA BAY CRANIO-FACIAL CENTER  
TAMPA FL 33603

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

TITLE PD ☒ Delete  
NAME PLACENCIA, DANIEL  
STREET ADDRESS 2110 W M L KING BLVD  
CITY-ST-ZIP TAMPA FL 33607

TITLE D ☐ Delete  
NAME GUGGINO, GIACOMO  
STREET ADDRESS 3115 SWANN AVENUE  
CITY-ST-ZIP TAMPA FL 33609

TITLE STD ☐ Delete  
NAME HABAL, MUTAZ  
STREET ADDRESS 801 W M L KING BLVD  
CITY-ST-ZIP TAMPA FL 33603

TITLE VD ☐ Delete  
NAME FERANDADA, JOSE  
STREET ADDRESS 5106 N. ARMENIA AVE #5  
CITY-ST-ZIP TAMPA FL 33615

TITLE VD ☐ Delete  
NAME AGLIANO, DENNIS S  
STREET ADDRESS 4600 N. HABANA AVE #23  
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)