

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90004 044 ****70.00

DOCUMENT # N93000001925

1. Entity Name

**PEDIATRIC MEDICAL SURGICAL SUBSPECIALTY GROUP, I
 NC.**

Principal Place of Business

Mailing Address

**801 WEST M L KING JR BLVD
 TAMPA FL 33615
 US**

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

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

59-3178616

Applied For

Not Applicable

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

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

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

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

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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 all signatures, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)