

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000005

1. Entity Name

FLORIDA PODIATRIC INDEPENDENT PRACTICE ASSOCIATION, INC.

Principal Place of Business

2323 CURLEW RD
SUITE 7E
PALM HARBOR FL 34683

Mailing Address

2323 CURLEW RD
SUITE 7E
PALM HARBOR FL 34683

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dunedin, FL

City & State

Dunedin, FL

4. FEI Number

59-3230230

Applied For

Not Applicable

Zip

34698

Country

Zip

34698

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

JACOBSON, CHARLES
2323 CURLEW RD
SUITE 7E
PALM HARBOR FL 34683

Name

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

City

Dunedin

FL

Zip Code

34698

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

Charles Jacobson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/02

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
NAME PEARL, FREDERICK
STREET ADDRESS 685 PALM SPRINGS DR STE 2C
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☐ Delete

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

TITLE VPD
NAME MARINO, KENNETH
STREET ADDRESS 1800 S E 17TH ST., #601
CITY-ST-ZIP OCALA FL ☐ Delete

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

TITLE SD
NAME PRICE, MICHAEL
STREET ADDRESS 16251 N CLEVELAND AV #8
CITY-ST-ZIP N FORT MYERS FL 33903 ☐ Delete

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

TITLE TD
NAME RICHTER, PAUL
STREET ADDRESS 7926 W HILLSBOROUGH AV #G
CITY-ST-ZIP TAMPA FL 33615 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Frederick Pearl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-785-9800

CR2E037 (9/01)