

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/1

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90021 039 \*\*\*\*50.00  
 05-18-2001 91590 042 \*\*\*\*11.25

**DOCUMENT # N94000000225**

1. Entity Name

**PASCO COUNTY IPA, INC.**

Principal Place of Business

**2323 CURLEW ROAD  
 SUITE 7E  
 PALM HARBOR FL 34683  
 US**

Mailing Address

**2323 CURLEW ROAD  
 SUITE 7E  
 PALM HARBOR FL 34683  
 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

**59-3218197**

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

Name

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

City

**FL**

Zip Code

**JACOBSON, CHARLES  
 C/O JACOBSON CONSULTING, INC.  
 PALM HARBOR FL 34683**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D GROSSBARD, LEE J. M.D. 37840 MEDICAL ARTS CT. ZEPHYRHILLS FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MARCH, PAUL F M.D. 38034 MEDICAL CENTER AVE ZEPHYRHILLS FL 33540</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD FELD, HARVEY M.D. 7050 GALL BLVD ZEPHYRHILLS FL 33541</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD GUERRERO-ARIAS, NESTOR M M.D. 37740 MERIDIAN AVE DADE CITY FL 33525</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Nestor Guerrero** **3/3/01** **727-785-9800**  
**MD** Date Daytime Phone #

CR2E037 (10/00)