

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000225

1. Entity Name

PASCO COUNTY IPA, INC.

FILED

May 02, 2002 8:00 am
Secretary of State

05-02-2002 90010 009 ****61.25

Principal Place of Business

2323 CURLEW ROAD
SUITE 7E
PALM HARBOR FL 34883
US

Mailing Address

2323 CURLEW ROAD
SUITE 7E
PALM HARBOR FL 34883
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dunedin, FL

City & State

Dunedin, FL

Zip

Country

34698

Zip

Country

34698

6. Name and Address of Current Registered Agent

JACOBSON, CHARLES
C/O JACOBSON CONSULTING, INC.
PALM HARBOR FL 34883

7. Name and Address of New Registered Agent

Name

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

2323 Curlew Rd, #7E

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 Charles Jacobson 4/11/02

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

TITLE D
NAME GROSSBARD, LEE J. M.D.
STREET ADDRESS 37840 MEDICAL ARTS CT.
CITY-ST-ZIP ZEPHYRHILLS FL ☐ Delete

TITLE VSD
NAME FELD, HARVEY M.D.
STREET ADDRESS 7050 GALL BLVD
CITY-ST-ZIP ZEPHYRHILLS FL 33541 ☐ Delete

TITLE TD
NAME GUERRERO-ARIAS, NESTOR M M.D.
STREET ADDRESS 37740 MERIDIAN AVE
CITY-ST-ZIP DADE CITY FL 33525 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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 lines empowered.

SIGNATURE:

Nestor Guerrero Nestor Guerrero, MD 4/18/02 (352)521-3246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)