

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N94000001047**

1. Entity Name

MEMORIAL/TOWN & COUNTRY PHO, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90020 024 ****61.25

Principal Place of Business

Mailing Address

2901 SWANN AVE.
 TAMPA FL 33609

6001 WEBB RD.
 TAMPA FL 33615-3241

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

59-3227114

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAINIERI, JOHN
MEMORIAL HOSPITAL OF TAMPA
2901 SWANN AVE
TAMPA FL 33609

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, 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	<input type="checkbox"/> Delete
NAME	COLIN, CHIRCOP D.O.	
STREET ADDRESS	4710 N HABANA #301-A	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROMER, MICHAEL MD	
STREET ADDRESS	4802 GUNN HWY #155	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	THEODORE, MARGARET MD	
STREET ADDRESS	5420 WEBB RD #B-1	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRINO, SCOTT MD	
STREET ADDRESS	6101 WEBB RD #204	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	C	<input type="checkbox"/> Delete
NAME	SCOTT, CHARLES	
STREET ADDRESS	2901 SWANN AVE	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MAINIERI, JOHN	
STREET ADDRESS	2901 SWANN AVE	
CITY-ST-ZIP	TAMPA FL 33609	

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