2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 05, 2002 8:00 am
Secretary of State
05-15-2002 90030 037 ****61.25

DOCUMENT # N96000000129

1. Entity Name

SOUTH PINELLAS MEDICAL EXECUTIVES ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
P.O. BOX ST. PETERSBURG FL 33733 US	P.O. BOX 15245 ST. PETERSBURG FL 33733-5245 US

DO NOT WRITE IN THIS SPACE

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 59-3347603 ☐ 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
MIKOS, CYNTHIA A ESQ. 205 N PARSONS AVENUE SUITE A BRANDON FL 33510	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ MOORHEAD, SHARON 995 46 AVENUE N SAINT PETERSBURG FL 33703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Past President, Sharon Moorhead 996-46th Ave No. St. Petersburg, FL 33703 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DAY, OLLIE 6828 ONYX DRIVE N SAINT PETERSBURG FL 33702	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PED~~ YATES, GAIL 1601 DEVONSHIRE DR N ST PETERSBURG FL 33710	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D President, Gail Yates 1601 Devonshire Dr. No. St. Petersburg, FL 33710 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HEITKAMPER, SHARON 2325 ULMERTON ROAD STE 1 CLEARWATER FL 33762	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Secretary Merrilee Severino 5800-49th Street North St. Petersburg, FL 33709 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PPD~~ HAVERTY, SUE 360 N CLEARWATER-LARGO RD LARGO FL 33770	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Treasurer, Sue Haverty 360 N. Clearwater-Largo Road Largo, FL 33770 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D President Elect Sharon Colbert 2323-9th Avenue North St. Petersburg, FL 33712 ☐ Change ☑ Addition

CR2E037 (9/01)

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: Gail E. Yates EQUIFAX Gail E. Yates 4/24/02 727/215-4289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #