5/

2002 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

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 # 10	
TITLE ~~PD~~ NAME MOORHEAD, SHARON STREET ADDRESS 995 46 AVENUE N CITY-ST-ZIP SAINT PETERSBURG FL 33703	☐ Delete	TITLE D Past President, Sharon Moorhead STREET ADDRESS 996-46th AVE No. CITY-ST-ZIP St. Petersburg, FL 33703	☑ Change ☐ Addition
TITLE T NAME DAY, OLLIE STREET ADDRESS 6828 ONYX DRIVE N CITY-ST-ZIP SAINT PETERSBURG FL 33702	☑ Delete		☐ Change ☐ Addition
TITLE ~~PED~~ NAME YATES, GAIL STREET ADDRESS 1601 DEVONSHIRE DR N CITY-ST-ZIP ST PETERSBURG FL 33710	☐ Delete	TITLE D President, Gail Yates STREET ADDRESS 1601 Devonshire Dr. No. CITY-ST-ZIP St. Petersburg, FL 33710	☑ Change ☐ Addition
TITLE S NAME HEITKAMPER, SHARON STREET ADDRESS 2325 ULMERTON ROAD STE 1 CITY-ST-ZIP CLEARWATER FL 33762	☑ Delete	TITLE D Secretary NAME Merrilee Severino STREET ADDRESS 5800-49th Street North CITY-ST-ZIP St. Petersburg, FL 33709	☐ Change ☑ Addition
TITLE ~~PPD~~ NAME HAVERTY, SUE STREET ADDRESS 360 N CLEARWATER-LARGO RD CITY-ST-ZIP LARGO FL 33770	☐ Delete	TITLE D Treasurer, Sue Haverty STREET ADDRESS 360 N. Clearwater-Largo Road CITY-ST-ZIP Largo, FL 33770	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE D President Elect NAME Sharon Colbert STREET ADDRESS 2323-9th Avenue North CITY-ST-ZIP 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 SEQUIOR Gail E. Yates 4/24/02 727/215-4689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #