

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90635 019 \*\*\*\*61.25

**DOCUMENT # N96000000129**

1. Entity Name

**SOUTH PINELLAS MEDICAL EXECUTIVES ASSOCIATION, I  
NC.**



Principal Place of Business

**P.O. BOX  
ST. PETERSBURG FL 33733  
US**

Mailing Address

**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

4. FEI Number **59-3347603**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | PPD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | MOORHEAD, SHARON          |  |
| STREET ADDRESS | 996 46 AVE N              |  |
| CITY-ST-ZIP    | SAINT PETERSBURG FL 33703 |  |
| TITLE          | PD                        | <input type="checkbox"/> Delete            |
| NAME           | YATES, GAIL               |  |
| STREET ADDRESS | 1601 DEVONSHIRE DR N      |  |
| CITY-ST-ZIP    | ST PETERSBURG FL 33710    |  |
| TITLE          | SD                        | <input type="checkbox"/> Delete            |
| NAME           | SEVERINO, MERRILEE        |  |
| STREET ADDRESS | 5800 49 STREET N          |  |
| CITY-ST-ZIP    | SAINT PETERSBURG FL 33709 |  |
| TITLE          | TD                        | <input checked="" type="checkbox"/> Delete |
| NAME           | HAVERTY, SUE              |  |
| STREET ADDRESS | 360 N CLEARWATER-LARGO RD |  |
| CITY-ST-ZIP    | LARGO FL 33770            |  |
| TITLE          | PED                       | <input type="checkbox"/> Delete            |
| NAME           | COLBERT, SHARON           |  |
| STREET ADDRESS | 2323 9 AVENUE N           |  |
| CITY-ST-ZIP    | SAINT PETERSBURG FL 33712 |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |

|                |  |  |
|----------------|--|--|
| TITLE          | PPD  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | president Elect                                |  |
| STREET ADDRESS | Amna Medical Center                            |  |
| CITY-ST-ZIP    | 12294 Indian Rocks Road<br>Largo FL 33774      |  |
| TITLE          | PPD  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | past president                                 |  |
| STREET ADDRESS | Yates, Gail                                    |  |
| CITY-ST-ZIP    | 1601 Devonshire Dr N<br>St Petersburg FL 33710 |  |
| TITLE          | SD   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Secretary                                      |  |
| STREET ADDRESS | Severino, Merrilee                             |  |
| CITY-ST-ZIP    | 5800 49th St N<br>St Petersburg FL 33709       |  |
| TITLE          | treas  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | ANNE Drane (Treasurer)                         |  |
| STREET ADDRESS | Amna Medical Center                            |  |
| CITY-ST-ZIP    | 12294 Indian Rocks Road<br>Largo, FL 33774     |  |
| TITLE          | PPD  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | President                                      |  |
| STREET ADDRESS | Colbert, Sharon                                |  |
| CITY-ST-ZIP    | 2323 9th Ave N<br>St Petersburg FL 33712       |  |
| 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:

**203F REQUIRED**

02/04/03 721 4630115

CR2E037 (10/02)