

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000218

1. Entity Name

HEMOPHILIA OF THE SUNSHINE STATE, INC.

**FILED**  
Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90015 031 \*\*\*\*61.25

908069



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
4025 TAMPA ROAD 4025 TAMPA ROAD  
SUITE 1107-A SUITE 1107-A  
OLDSMAR FL 34677 OLDSMAR FL 34677-3213

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 65-0625456 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

MCDONALD, BRIAN  
4025 TAMPA ROAD  
SUITE 1107-A  
OLDSMAR FL 34677

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 \_\_\_\_\_ (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	MCDONALD, BRIAN	
STREET ADDRESS	4025 TAMPA RD., SUITE 1107 A	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, BARBARA	
STREET ADDRESS	4025 TAMPA RD., SUITE 1107 A	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	<input type="checkbox"/> Delete
NAME	FALZO, MARILYN	
STREET ADDRESS	4025 TAMPA RD., SUITE 1107 A	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

1-18-2000 813-854-1448