

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000218

1. Entity Name

HEMOPHILIA OF THE SUNSHINE STATE, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90125 050 ****61.25

Principal Place of Business

4025 TAMPA ROAD
SUITE 1107-A
OLDSMAR FL 34677

Mailing Address

4025 TAMPA ROAD
SUITE 1107-A
OLDSMAR FL 34677

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MCDONALD, BRIAN
CITY-ST-ZIP 4025 TAMPA RD., SUITE 1107 A
OLDSMAR FL 34677

TITLE ☐ Delete
NAME D
STREET ADDRESS BROWN, BARBARA
CITY-ST-ZIP 4025 TAMPA RD., SUITE 1107 A
OLDSMAR FL 34677

TITLE ☒ Delete
NAME D
STREET ADDRESS FALZO, MARILYN
CITY-ST-ZIP 4025 TAMPA RD., SUITE 1107 A
OLDSMAR FL 34677

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS FISHER, M. CASEY
CITY-ST-ZIP 4025 TAMPA RD., STE 1107 A
OLDSMAR, FL 34677

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED
MCDONALD, DIRECTOR

Date

Daytime Phone #

1-15-2001 813 854-1448

CR2E037 (10/00)