

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000000827**

1. Entity Name

**GROUP PRACTICE COALITION, INC.****FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90113 018 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
390 PINELLAS BAYWAY, UNIT F      390 PINELLAS BAYWAY, UNIT F  
TIERRA VERDE FL 33715      TIERRA VERDE FL 33715-1921

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3556190

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**BAILEY, DAVID L**  
**390 PINELLAS BAYWAY, UNIT F**  
**TIERRA VERDE FL 33715**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	STOLHANSKI, JAMES G	7408 CAMALE DR. PENSACOLA FL 32504	<input type="checkbox"/>
	D	REED, MICHAEL	805 SANDRIDGE DR. VALRICO FL 33594	<input checked="" type="checkbox"/>
	D	KISSNER, MICHAEL G	6275 4TH ST. VERO BEACH FL 32968	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DIRECTOR	STANLEY PIOTROWSKI	1600 LAKE LAND HILLS BLVD. LAKE LAND, FL. 33805	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: DAVID L BAILEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-00

Date

727  
867-7626

Daytime Phone #

CR2E037 (9/99)