

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 24 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000017871

1. Entity Name

ARTHUR G. PETTYGROVE, M.D., P.A.



DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

2. Principal Place of Business
2919 SWANN AVENUE

3. Mailing Address
2919 SWANN AVENUE

Suite, Apt. #, etc.
400A

Suite, Apt. #, etc.
400A

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33606

Country

Zip
33606

Country

4. FEI Number 52-2218385

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name CHESTER W. INGALLS

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

3495 5TH AVENUE, NORTH

City ST. PETERSBURG

FL

Zip Code
33713-9010

**DO NOT WRITE
IN THIS SPACE**

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

Chester W. Ingalls, CPA

Signature, typed or printed name of registered agent and brief applicable.

(NOTE: Registered Agent signature required when reinstating)

OCT 20 2003

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
STREET ADDRESS
ARTHUR G. PETTYGROVE, M.D.
CITY-ST-ZIP
2919 SWANN AVENUE, SUITE 400A
TAMPA, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chester W. Ingalls, CPA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 20 2003

Date

Daytime Phone #

CR2E034B (12/02)

INGALLS ASSOCIATES, PA, CPAs

3495 Fifth Avenue North

St. Petersburg, FL 33713

(727) 327-0406 - Fax (727) 327-1598

E-mail: chester.ingalls@ingallscpa.com

October 20, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Arthur G. Pettygrove, M.D., P.A.
EIN 52-2218385
Document # P00000017871

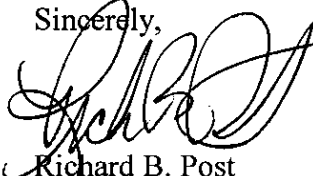
Dear Sir/Madam:

Our above referenced client received the enclosed notice of corporate dissolution and application for reinstatement. The Corporation has been in existence since February, 2000, and has filed its UBR upon receipt in January of the current year. This is evidenced by a search on the public inquiry screen at the Department's website. During the first quarter of this year, the Corporation was relocating its medical practice to new offices. The first notice, which must have been sent to the old address, was never received by our client. The client sends all correspondence to our office before acting as we are the registered agent of record. Had this notice, or the second one been received, we would have been aware of the failure to file and acted accordingly.

Florida statutes allow for the reinstatement fee to be waived if no notice was received by the corporation. We request this waiver, and ask that the enclosed check number 5084 in the amount of \$150, act as timely payment of the annual UBR fee. We also enclose a copy of the application for reinstatement, as well as a completed For Profit Corporation Uniform Business Report (UBR) for the above corporation with the corrected address. As such we also ask the client's record be amended and restored to active status. To avoid this problem in the future, please send all correspondence to us as the registered agent, rather than the corporation.

Thank you for your attention to this matter. If you have any questions, you may contact us at the above phone number.

Sincerely,



Richard B. Post

INGALLS ASSOCIATES, PA, CPAs

Enclosures