

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91751 005 ***150.00

DOCUMENT # 59-3610636

1. Entity Name

Cindi Yantz, M.D., P.A.
700000019974 ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

350 Aft. 19 N.

3. Mailing Address

350 Aft. 19 N.

Suite, Apt. #, etc.

Ste. A

Suite, Apt. #, etc.

Ste. A

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

4. FEI Number

593610636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

34683

Country

Pinellas

Zip

34683

Country

Pinellas

7. Name and Address of Current Registered Agent

Name

Cindi Yantz, M.D.

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

350 Aft. 19 N.

Ste. A

City

Palm Harbor

FL

Zip Code

34683

**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.

SIGNATURE

Cindi Yantz MD

(NOTE: Registered Agent signature required when reinstating)

5-8-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | President Cindi Yantz, M.D. 350 Aft. 19 N. Ste. A Palm Harbor, FL 34683 |
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**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cindi Yantz MD

CINDI YANTZ MD

5-8-02

(727) 771-2675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)