

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000026196

1. Entity Name

TAMPA MEDICAL PARTNERS INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90961 043 ***150.00

Principal Place of Business

2177 FOXCHASE BLVD
PALM HARBOR FL 34683

Mailing Address

2177 FOXCHASE BLVD
PALM HARBOR FL 34683

2. Principal Place of Business

3709 W. Hamilton Ave.

3. Mailing Address

3709 W. Hamilton Ave

Suite, Apt. #, etc.

Suite #7

Suite, Apt. #, etc.

Suite #7

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33614

Country

USA

Zip

33614

Country

USA

4. FEI Number

59-3634449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVINE, GARY
2177 FOXCHASE BLVD
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name

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

3709 W. Hamilton Ave

Suite 7

City

TAMPA

FL

Zip Code

33614

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 GARY LEVINE, D.O.

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

(NOTE: Registered Agent signature required when reinstating)

4/27/01
DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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
V.P.
TRACI L. BYE
3709 W. Hamilton Ave STE 7
TAMPA, FL 33614

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P.
TRACI L. BYE
3709 W. Hamilton Ave STE 7
TAMPA, FL 33614

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 (813) 9317588
Date Daytime Phone #

0426080

CR2E034 (10/00)