

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 17, 2001 8:00 am**
Secretary of State

05-17-2001 90093 001 ***600.00

DOCUMENT # P00000045377**1. Entity Name**
PHYSICIANS PRACTICE SOLUTIONS, INC.**Principal Place of Business**
2808 W DRIVER MARTIN LUTHER KING BOULEVARD
TAMPA FL 33607**Mailing Address**
2808 W DRIVER MARTIN LUTHER KING BOULEVARD
TAMPA FL 33607**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number

39-3649100

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****SPIEGEL & UTRERA, P.A.**
343 ALMERIA AVENUE
CORAL GABLES FL 33134**Name**
Gregory T. Flynn M.D.**Street Address (P.O. Box Number is Not Acceptable)****2808 W.M.L.K. JR. BLVD****City**
TAMPA**FL****Zip**
33607**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***Gregory T. Flynn M.D.*

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

(NOTE: Registered Agent signature required when reinstating)

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSTD FLYNN, GREGORY T	2808 W DRIVER MARTIN LUTHER KING BOULEVARD	TAMPA FL 33607	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 like empowered.**SIGNATURE:***Gregory T. Flynn M.D.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/01 8138729200

CR2E034 (10/00)