2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000046586

1. Entity Name
St. Paul's Healthcare Center, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 PM 12:24

Principal Place of Business
8001 N. Dale Mabry Hwy, 501C
Tampa, FL 33614

Mailing Address
4532 W. Kennedy Blvd.
#132
Tampa, FL 33609

2. Principal Place of Business	3. Mailing Address
	4532 W. Kennedy Blvd #132
Suite, Apt. #, etc.	Suite, Apt. #, etc. #132
City & State	City & State Tampa, FL
Zip / Country	Zip 33609 / Country U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3644010 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SEAN ST. CLAIR
8001 N. DALE MABRY HWY
501C
TAMPA, FL 33614

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] 10/22/01
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	President, Treas / Sean St. Clair / 4532 W. Kennedy Blvd #132 / Tampa, FL 33609 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary, V.P. / Richard Moore / 4532 W. Kennedy Blvd #132 / Tampa, FL 33609 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: [signature] 10/22/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
A0855519

St. Paul's Healthcare Center, Inc.

Alan Lefkin, M.D.
Board Certified Internist
David Wieland, D.C.
Chiropractic Physician

To Whom it May Concern, P000000046586

This letter is to inform you that I did not receive my (UBR) for St. Paul's early this year. Here is my check for $150.00. If you have any questions please do not hesitate to call me.

Thank you,

Sean St. Clair

Sean St. Clair
Owner of St. Paul's Healthcare Ctr.

Clinic address • 8001 N. Dale Mabry Hwy, Ste. 501C • Tampa, FL 33614
Mailing address • 4532 W. Kennedy Blvd. #132 • Tampa, FL 33609
• Ph: (813) 932-0970 • Fax: (813) 931-7127