

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90100 010 ***150.00

DOCUMENT # P000000059961 ✓

1. Entity Name

TOWN + COUNTRY INTERNAL MEDICINE, PA.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6101 WEBB RD

Suite, Apt. #, etc.

SUITE 104

City & State

TAMPA, FL

Zip

33615

Country

USA

3. Mailing Address

6101 WEBB RD

Suite, Apt. #, etc.

SUITE 104

City & State

TAMPA, FL

Zip

33615

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3651199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ALAN E. ZLOTO D.O.

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

6101 WEBB RD

SUITE 104

City

TAMPA

FL

Zip Code

33615

**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

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)

☐

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**

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT / TREASURER
ALAN E. ZLOTO D.O.
6101 WEBB RD, SUITE 104
TAMPA, FL 33615

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VICE PRESIDENT / SECRETARY
DEBORAH A. ZLOTO
6101 WEBB RD, SUITE 104
TAMPA, FL 33615

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ALAN E. ZLOTO D.O. 4/18/02 813-290-0422

CR2E034B (12/01)