

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000091364

1. Entity Name  
RAMON E COLINA, M.D., P.A.

Principal Place of Business  
4750 DOLPHIN CAY LANE, APT. 301  
ST. PETERSBURG FL 33711

Mailing Address  
4750 DOLPHIN CAY LANE, APT. 301  
ST. PETERSBURG FL 33711

2. Principal Place of Business  
1217 S. EAST AVE.  
Suite, Apt. #, etc.  
310

3. Mailing Address  
1217 S. EAST AVE  
Suite, Apt. #, etc.  
310

City & State  
SARASOTA, FL

City & State  
SARASOTA, FL

Zip Country  
34239 USA

Zip Country  
34239 USA

4. FEI Number  
59-3671768

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

COHRS, DENIS A ESQ.  
2841 EXECUTIVE DRIVE, SUITE 120  
CLEARWATER FL 33762

## 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 \_\_\_\_\_ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLINA, RAMON E 4750 DOLPHIN CAY LANE, APT. 301 ST. PETERSBURG FL 33711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMON E. COLINA 1217 S. EAST AVE, Suite 310 SARASOTA, FL 34239	<input checked="" 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: Ramon E. Colina RAMON E. COLINA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01 (941)954-0556  
Date Daytime Phone #

**FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90062 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)