## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P00000099549 **DOCUMENT#**



## Mar 24, 2003 8:00 am Secretary of State **FILED**

1. Entity Name TRELVIS L. RAGIN, M.D., P.A.									03-24-2003	90170 01	7 ***150	0.00	
Principal Place of Business 9610 GREENBANK DRIVE RIVERVIEW FL 33569  2. Principal Place of Business			Mailing Address 9610 GREENBANK DRIVE RIVERVIEW FL 33569  3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.						CHECK HERE I	F MAKING	CHANGES		
City & State			City & State				<b>4.</b> FE	59-3677506			pplied For ot Applicable	-	
Zip	Zip Country		Zíp	p Count		try	5. Certificate		ertificate of Status Desired		\$8.75 Ad Fee Require		1
	- 6. Name	and Address of Current I	tegistered	Agent				-7:-Ne	ame and Address of New Ro	egistered A	gent =		3-
CACCIAN	NI ALANICI	ren				Name							l
GASSMAN, ALAN S ESQ 1245 COURT STREET SUITE 102				Street Address (			ddress (P.	O. Bo	x Number is Not Acceptable)	)			1
l	OHI SIREE ATER FL 33											•	+
CLEARW	HIER FL 33	700											
						City				FL	Zip Cod	le	İ
8. The above the obliga	e named entiti itions of regist	y submits this statement for ered agent.	the purpos	se of changing its r	egistere	ed office or	registered	d ager	nt, or both, in the State of Flor	rida. I am fa	amiliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applica	able, (NOTE:	Registere	d Agent signati	ure required w	vhen rein:	stating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of Sta			State						Election Campaign Fina Trust Fund Contribution			0 May Be	]
		•											
10.		OFFICERS AND (	DIRECTORS	S	11.			ADD	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	_
TITLE	D	OFFICERS AND (	DIRECTORS	S Delete	11.		<u> </u>				DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS	RAGIN, TF 4921 EBEI	OFFICERS AND DELIVIS L MD NSBURG DRIVE	DIRECTORS	-	11. TITLE NAM STRE		9610						
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	RAGIN, TE	OFFICERS AND DELIVIS L MD NSBURG DRIVE	DIRECTOR	☐ Delete	11. TITLE NAM STRE CITY	E Et address - St-Zip	961c		ortions/changes to office brainbank Dria ew FC 33540		Change	☐ Addition	
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**