2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P00000101758 NEW TAMPA INTERNAL MEDICINE, P.A. 01-30-2001 90026 003 ***150.00 Mailing Address Principal Place of Business 114 WEST JEAN STREET 114 WEST JEAN STREET TAMPA FL 33604 TAMPA FL 33604 00010270 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State *58-2583372* Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RADZINSKI, PATRICIA L Street Address (P.O. Box Number is Not Acceptable) 401 E. JACKSON STREET **SUITE 2500 TAMPA FL 33602** Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete TITLE RIVERA, MAYRA M.D. NAME 114 WEST JEAN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33604 ☐ Delete TITLE Change Addition TITLE TSAMBIRAS, BELEN M.D. NAME NAME 17737 LONG RIDGE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33647 CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

TITLE

STREET ADDRESS

☐ Change

Addition

Maya Lucia MD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR