

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

**FILED**

02 MAY 28 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P000000111047

**1. Entity Name**

Tampa Bay MEDICAL SPECIALTIES CORPORATION ✓

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

4350 W Cypress Ave

Suite, Apt. #, etc.

830

City & State

Tampa Florida

Zip

33607

Country

**3. Mailing Address**

4350 W Cypress Ave

Suite, Apt. #, etc.

~~Tampa~~ 830

City & State

Tampa Florida

Zip

33607

Country

**4. FEI Number**

59-3696323

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name

JOHN WOODS

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

4350 W Cypress Ave

Suite 830

City

Tampa

FL

Zip Code

33607

**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 \$81.25

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

JOHN WOODS PRESIDENT  
4350 W CYPRESS AVE SUITE 830  
Tampa Florida 33607

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6000005729516-88  
-05/10/02-01088-001  
\*\*\*900.00 \*\*\*150.00

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IN THIS SPACE**

**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 all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

813-310-9393

Daytime Phone #

CR2E034B (12/01)