

06-02-2002 90905 014 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P 0100000 5503*
 1. Entity Name
JANET L. SEPER M.D., P.A.
3450 EAST FLETCHER AVE, #350
TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE

674487

2. Principal Place of Business <i>3450 EAST FLETCHER AVE</i>		3. Mailing Address <i>SAME</i>	
Suite, Apt. #, etc. <i>SUITE 350</i>		Suite, Apt. #, etc.	
City & State <i>TAMPA</i>		City & State	
Zip <i>FL</i>	Country <i>HILLSBOROUGH</i>	Zip <i>33629</i>	Country <i>U.S.A.</i>

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4. FEI Number <i>59-3690673</i>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name <i>ALAN S. GASSMAN, ESQUIRE</i>		
	Street Address (P.O. Box Number is Not Acceptable) <i>1245 COURT STREET</i>		
	Suite <i>SUITE 102</i>		
City <i>CLEARWATER</i>		FL	Zip Code <i>33756</i>

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 tele if applicable. (UCR) Registered Agent signature required when reinstating. (SR-1)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p>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</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE <i>PRES/SECY/DIRECTOR</i>	NAME <i>JANET L. SEPER</i>	TITLE	NAME
STREET ADDRESS <i>713 S. DELAWARE STREET</i>	CITY-STATE-ZIP <i>TAMPA, FL 33606</i>	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
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STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-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 all other like empowered.

SIGNATURE: *Janet L. Seper* *5/28/02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)