

2002 UNIFORM BUSINESS REPORT (UBR)

0455235
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DOCUMENT # P01000024792

1. Entity Name

TRILLIUM MEDICAL GROUP OF FLORIDA, INC.

FILED

02 APR 30 PM 1:11

Principal Place of Business

2631 MCCORMICK DR. STE 102
CLEARWATER FL 33759

Mailing Address

2631 MCCORMICK DR. STE 102
CLEARWATER FL 33759

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2637 McCormick Dr

3. Mailing Address

Same as principal

Suite, Apt. #, etc.

Suite, Apt. #, etc.

address

City & State

Clearwater, FL

City & State

4. FEI Number

59-3704995

Applied For

Not Applicable

Zip

33759

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THURMAN, MARCY J

2631 MCCORMICK DR, STE 102
CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name

Thurman, Marcy J - VP Compliance

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

2637 McCormick Dr

City

Clearwater

FL

Zip Code

33759

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)

4/29/02
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, 2002 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	Sole Director, President	<input type="checkbox"/> Delete
NAME	Bobby L. Coates	
STREET ADDRESS	2637 McCormick Dr.	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	VP, Secretary	<input type="checkbox"/> Delete
NAME	Deborah R. Coates	
STREET ADDRESS	2637 McCormick Dr.	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300005500003--5	
STREET ADDRESS	-05/09/02--01035--008	
CITY-ST-ZIP	***2540.00 ****158.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 727-669-4522
Date Daytime Phone #

CR2E034 (9/01)