

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90130 038 ***150.00

DOCUMENT # P01000067969

1. Entity Name
INTERVENTIONAL MEDICAL ASSOCIATES, P.A.

Principal Place of Business

**330 NW 76TH DR
GAINESVILLE FL 32607**

Mailing Address

**330 NW 76TH DR
GAINESVILLE FL 32607**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

71-0858073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, HARRY A
11 A MAX BREWER PKWY
TITUSVILLE FL 32796**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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) ☒

**FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **VALENTINE, ROBERT M.D.**
STREET ADDRESS **330 NW 76TH DR**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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.

ROBERT G. VALENTINE, M.D.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07-25-02 352-331-3353

CR2E034 (4/02)

Attachment
Dr. # 001000067969
Interventional Medical Associates, P.A. 676412

ROBERT G. VALENTINE, JR., M.D.

330 NW 76th Drive
Gainesville, FL 32607
Phone (352) 331-3353 Fax (352) 333-9035

July 30, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Filing Fee

To Whom It May Concern:

Enclosed is our 2002 Uniform Business Report for the corporation of Interventional Medical Associates, P.A. I have attached payment for \$150.00, as this is the first time that I have seen this form. It is only being filed late because we never received one before this one. This is a new corporation therefore it is the first time having to submit a Uniform Business Report.

If you have any questions, please do not hesitate to contact me at (352) 331-3353.

Sincerely,


Jennifer Beatty
Office Manager