

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90416 032 \*\*\*150.00

**DOCUMENT # P01000079844**

1. Entity Name  
**HENRY J. O'NEAL, M.D., P.A.**

Principal Place of Business

**4204 B NORTH MACDILL AVENUE  
 SUITE 2  
 TAMA FL 33607**

Mailing Address

**4204 B NORTH MACDILL AVENUE  
 SUITE 2  
 TAMA FL 33607**

2. Principal Place of Business

**13701 Bruce B Downs Blvd  
 Suite, Apt. #, etc.  
 113**

3. Mailing Address

**13701 Bruce B Downs Blvd  
 Suite, Apt. #, etc.  
 113**

City & State  
**Tampa FL**

Zip Country  
**33613 USA**

City & State

**Tampa FL**

Zip Country  
**33613 USA**

4. FEI Number

**59-3742247**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**O'NEAL, HENRY J  
 4204 B NORTH MACDILL AVENUE  
 SUITE 2  
 TAMA FL 33607**

7. Name and Address of New Registered Agent

Name **Henry J O'Neal**

Street Address (P.O. Box Number is Not Acceptable)  
**13701 Bruce B Downs Blvd  
 #113**

City State Zip Code  
**Tampa FL 33613**

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 **Henry J O'Neal** **Henry J. O'Neal President** **11 Apr 2002**  
 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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>President Henry J O'Neal 13701 Bruce B Downs Blvd #113 Tampa FL 33613</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Henry J O'Neal, President**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12 Apr 02 813-971-2351**

Date

Daytime Phone #

CR2E034 (9/01)