

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90176 027 ***150.00

DOCUMENT # P01000091776

1. Entity Name
LINDA HARTMANN, MSN, ARNP, PA



Principal Place of Business

**1125 KINGS WAY DR
 NOKOMIS FL 34275**

Mailing Address

**1125 KINGS WAY DR
 NOKOMIS FL 34275**

2. Principal Place of Business

**981 N. GONDOLA DR
 Suite, Apt. #, etc.**

3. Mailing Address

**981 N. GONDOLA DR
 Suite, Apt. #, etc.**

City & State

VENICE FL

Zip

34253

Country

SARASOTA

City & State

VENICE FL

Zip

34253

Country

SARASOTA

4. FEI Number

65-1149427

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HARTMANN, LINDA
 1125 KINGS WAY DR
 NOKOMIS FL 34275**

7. Name and Address of New Registered Agent

Name

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

981 N. GONDOLA DR

City

VENICE

FL

Zip Code

34253

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

TITLE **D** ☐ Delete
 NAME **HARTMANN, LINDA**
 STREET ADDRESS **1125 KINGS WAY DR**
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **981 N. GONDOLA DR**
 CITY-ST-ZIP **VENICE, FL 34253**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Linda Hartmann
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/03/02 941-228-7208
 Date Daytime Phone #

CR2E034 (4/02)

Attachment D#P01000091776/675573

CEFZIL TABLETS
(CEFPROZIL) 250 mg and 500 mg

7/23/02

This is the first
statement I have
received re: Uniform
Business Report.
Possibly due to change
of address? Please
accept my check for
\$150.00 as payment
in full.

Sincerely,

(Gilda)
Holtmann

E2-P049L-5-00

**CEFZIL ORAL
SUSPENSION**
(CEFPROZIL) 250 mg / 5 mL