

2002 UNIFORM BUSINESS REPORT (UBR)

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

07-28-2002 90195 015 ***150.00

DOCUMENT # P01000098482

1. Entity Name

TAMPA REGIONAL HOSPITALIST GROUP, P.A.

Principal Place of Business

**4012 CIRCLEWOOD CT
TAMPA FL 33614**

Mailing Address

**4012 CIRCLEWOOD CT
TAMPA FL 33614**

2. Principal Place of Business

8001 N. DALE MABRY

3. Mailing Address

PO BOX 274024

Suite, Apt. #, etc.

601 A

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33614

Country

US

Zip

33688 - 4024

Country

US

4. FEI Number

59-3749015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LINSKY, PHILIP

**4012 CIRCLEWOOD CT
TAMPA FL 33614**

7. Name and Address of New Registered Agent

Name

PHILIP LINSKY

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

8001 N. DALE MABRY 601-A

City

TAMPA

FL

Zip Code

33614

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 **DPS** ☐ Delete
NAME **LINSKY, PHILIP**
STREET ADDRESS **4012 CIRCLEWOOD CT**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DR.** ☒ Change ☐ Addition
NAME **PHILIP LINSKY**
STREET ADDRESS **8001 N. DALE MABRY 601-A**
CITY-ST-ZIP **TAMPA, FL 33614**

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

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

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CITY-ST-ZIP

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:

SIGNATURE PHILIP LINSKY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/02

Date

(813) 915-1860

Daytime Phone #

CR2E034 (4/02)

Attachment

TAMPA REGIONAL HOSPITALISTS, P.A.

PO1 000098482

PO BOX 274024
Tampa, FL 33688-4024
(813)256-1572

675486

Dear Gentlemen:

This letter is in reference to the annual fee. This is our first year incorporated , and this is the first letter that I have received in reference to annual fee. I did not receive the prior notice. Enclosed is the original filing fee of \$150.00

Sincerely,



Philip Linsky