

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 APR 22 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000015635

1. Entity Name

THANT. LE, M.D., P.A.

(THANH)



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

500 TRINITY LN N APT 11113

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG, FL.

City & State

4. FEI Number

02-0543095

Applied For

Not Applicable

Zip

33716-1262

Country

PINELLAS

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name JACK CALLAHAN

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

451 CENTRAL PARK DRIVE

City LARGO

FL

Zip Code
33773

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
THANT. LE - PRESIDENT
500 TRINITY LN N APT 11113
ST. PETERSBURG, FL. 33716-1262

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800017077618
04/25/03--01015--010 **150.00

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thanh S. Le

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/03

Date

(727) 518-8660

Daytime Phone #

CR2E034B (12/02)

21 4/23