


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91362 046 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000124491					
1. Entity Name THOMAS M. ROOT, M.D.; P.A.					
Principal Place of Business 2323 9TH AVENUE N. SUITE 504 ST. PETERSBURG, FL 33713			Mailing Address 2323 9TH AVENUE N. SUITE 504 ST. PETERSBURG, FL 33713		
2. Principal Place of Business			3. Mailing Address <i>2423 Hillcreek Cr. E.</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State <i>Clearwater FL</i>		
Zip		Country	Zip		Country
<i>33759</i>			<i>US</i>		
4. Certificate of Status Desired <input type="checkbox"/>			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RILEY, STEVEN P 4805 W. LAUREL STREET, SUITE 230 TAMPA, FL 33607			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSD ROOT, THOMAS M 2323 9TH AVENUE N. SUITE 504 ST. PETERSBURG, FL 33713			TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>2423 Hillcreek Cr. E. Clearwater FL 33759</i>		
Delete <input type="checkbox"/>			Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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 Block 11 if changed, or on an attachment with an address, with all other the empowered.					
SIGNATURE: <i>Thomas M. Root P.A.</i> <i>4/24/03</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (10/02)