

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90115 026 \*\*\*150.00

00007290 AT

**DOCUMENT #** P02000130552

**1. Entity Name**  
SANDRA J. DOWNES, M.D., MPH, P.A.



**Principal Place of Business**  
3645 MADACA LANE  
TAMPA FL 33618

**Mailing Address**  
3645 MADACA LANE  
TAMPA FL 33618

**2. Principal Place of Business**  
*as above*

**3. Mailing Address**  
*as above*

**Suite, Apt. #, etc.**

**City & State**

**Zip**      **Country**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

DOWNES, SANDRA J. M.D., MPH  
3645 MADACA LANE  
TAMPA FL 33618

**4. FEI Number**  
90-0056653

**Applied For**  
 Not Applicable

**5. Certificate of Status Desired**       **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**

Name: *N/A*

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.**       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	DOWNES, SANDRA J. M.D.	
STREET ADDRESS	3645 MADACA LANE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	DOWNES, SANDRA J. M.D.	
STREET ADDRESS	3645 MADACA LANE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**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 like empowered.**

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED**      *4/2/03*      *813-969-0116*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/02)