2001 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2001 8:00 am Secretary of State DOCUMENT # P92000010664 H.D. WASSEL, M.D., P.A. 02-08-2001 90187 021 ***150.00 Principal Place of Business Mailing Address 6675 38TH AVE., N. 6675 38TH AVE.. N. SUITE 103 SUITE 103 ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3153769 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WASSEL, HARRY D Street Address (P.O. Box Number is Not Acceptable) 6675 38TH AVE., N. SUITE 103 ST. PETERSBURG FL 33710 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition ☐ Delete TITLE Change WASSEL, HARRY D NAME NAME STREET ADDRESS 6675 38TH AVE, N., SUITE 103 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33710 ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST_ZIP CITY-ST-ZIP Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED