2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P92000010664

1. Entity Name



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90453 017 ***150.00

H.D. WAS	SEL, M.D., P.A			Name of the last				
Principal Place of Business 6675 38TH AVE N. SUITE 103 ST. PETERSBURG FL 33710			Mailing Address 6675 38TH AVE N. SUITE 103 ST. PETERSBURG FL 33710					
2. Principal Place of Business			. 3. Mailing Address		- -		illi eisi iosi	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State			4. FEI Number 59-3153769 Applied For Not Applied Not A		
Zip	Coun	try	Zip	Country		5. Certificate of Status Desired	¢0.75 A.J.	litional
	6. Name and Ad	dress of Current I	Registered Agent			7. Name and Address of New Registe	red Agent	
					lame			
WASSEL,	HARRY D			s	treet Address (F	P.O. Box Number is Not Acceptable)		
6675 38TH AVE., N.				<u></u>		<u> </u>		{
SUITE 103								
ST. PETERSBURG FL 33710					City		FL Zip Code	e
	e named entity submit tions of registered ag		the purpose of changing its	s registered o	ffice or register	ed agent, or both, in the State of Florida.	I am familiar with,	and accept
SIGNATURE I	Signature, typed or printed r	ame of registered agent a	nd title if applicable. (NOT	E: Registered Age	ant signature required	when reinstating) D	ATE	
Afte	ILE NOW!!! FEE r May 1, 2003 Fee k Payable to Florid	will be \$550.00	State			§. Election Campaign Financing Trust Fund Contribution.	_ +	0 May Be I to Fees
10.		OFFICERS AND I	DIRECTORS	11.	·····	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASSEL, HARRY 6675 38TH AVE, N	N., SUITE 103	☐ Delete	TITLE NAME STREET AC	- 1		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. PETERSBURG	FL 33710	☐ Delete	TITLE NAME STREET ACC	DDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET AC CITY-ST-	1		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET AD CITY-ST-2	l l		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET AC CITY-ST-2			☐ Change	Addition
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET AD	i i		☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filling 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: