

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90049 050 ***150.00

085488 SP

DOCUMENT # P92000012331

1. Entity Name

DALY, KLIBANOFF, PEEBLES & ZEITLIN, M.D.S, P.A.

Principal Place of Business

Mailing Address

**33920 U.S. 19 NORTH
SUITE 124
PALM HARBOR FL 34684****33920 U.S. 19 NORTH
PALM HARBOR FL 34684**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3155406

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLD, AARON J
703 SWANN AVE.
TAMPA FL 33606**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	D	DALY, JOSEPH M M.D	33920 US 19 N, SUITE 124 PALM HARBOR FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	KLIBANOFF, ALAN M	33920 US 19 N. SUITE 124 PALM HARBOR FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	PEEBLES, MICHAEL M	33920 US 19 NORTH, SUITE 124 PALM HARBOR FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	ZEITLIN, LAURENCE M	33920 US 19 NORTH, SUITE 124 PALM HARBOR FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	LACAMERA, RICHARD G	33920 US 19 NO. STE 124 PALM HARBOR FL 34684	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

13. 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 info empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**ALAN R. KLIBANOFF M.D.**

Date

Daytime Phone #

1/31/02 785-7654

CP2E034 (9/01)