

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000014347

1. Entity Name

FLORIDA MEDICAL QUALITY ASSURANCE, INC.

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90005 014 \*\*\*150.00

Principal Place of Business  
4350 W. CYPRESS ST.  
WEST SHORE PLACE 1, STE. 900  
TAMPA FL 33607

Mailing Address  
4350 W. CYPRESS ST.  
WEST SHORE PLACE 1, STE. 900  
TAMPA FL 33607-4164

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number **59-3155017**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
ROBINSON, L.G.  
4350 W. CYPRESS ST.  
WEST SHORE PLACE 1, STE. 900  
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.

SIGNATURE \_\_\_\_\_ (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, 2000 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

TITLE	PAT	<input type="checkbox"/> Delete
NAME	ROBINSON, L.G.	
STREET ADDRESS	4350 W. CYPRESS ST., W.SHORE PL. 1	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	C	<input type="checkbox"/> Delete
NAME	FUAD, ASHKAR M	
STREET ADDRESS	4350 W CYPRESS ST WESTSHORE PL1	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	T	<input type="checkbox"/> Delete
NAME	STOFFEL, JACK	
STREET ADDRESS	4350 W. CYPRESS ST., W.SHORE PL. 1	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	S	<input type="checkbox"/> Delete
NAME	OTTAVIANI, ANTHONY DO	
STREET ADDRESS	4350 W. CYPRESS ST., W.SHORE PL. 1	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LINDSEY, TERRELL H	
STREET ADDRESS	ONE PERIMETER PARK SOUTH, STE. 200N	
CITY-ST-ZIP	BIRMINGHAM AL 35243	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	MICHELMAN, MARK MD	
STREET ADDRESS	4350 W. CYPRESS ST., W. SHORE PL. 1	
CITY-ST-ZIP	TAMPA FL 33607	

## 12. 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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VC
STREET ADDRESS	STRINGER, DOUGLAS MD
CITY-ST-ZIP	4350 W. Cypress St Tampa, FL 33607

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 like empowered.

SIGNATURE: *[Signature]* Assistant Corporate Secretary 3/14/2000 (205) 970-1600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)