

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000024706

FILED  
May 01, 2002 8:00 AM  
Secretary of State

**Entity Name:** TARPON SPRINGS MEDICAL ASSOCIATES, INC.

**Current Principal Place of Business:**

3820 TAMPA ROAD  
SUITE 102  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

3820 TAMPA ROAD  
SUITE 102  
PALM HARBOR, FL 34684

**New Mailing Address:**

**FEI Number:** 59-3169458

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHLAU, ARON M.D.  
3820 TAMPA ROAD  
SUITE 102  
PALM HARBOR, FL 34684 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDST ( ) Delete  
Name: SCHLAU, ARON M.D.  
Address: 3820 TAMPA ROAD, SUITE 102  
City-St-Zip: PALM HARBOR, FL 34684

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARON SCHLAU

PDST

05/01/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date