

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000034565

1. Entity Name

BAY ISLES MEDICAL ASSOCIATES, P.A.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90052 014 ***150.00

Principal Place of Business

595 BAY ISLES RD
SUITE 100
LONGBOAT KEY FL 34228

Mailing Address

595 BAY ISLES ROAD
STE 100
LONGBOAT KEY FL 34228-3143
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0410994

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

KAMM, STEVEN W.
595 BAY ISLES ROAD
STE 100
LONGBOAT KEY FL 34228

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME KRIGLICK, BRUCE M
STREET ADDRESS 1700 S TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Change ☒ Addition
NAME Albert Aulic
STREET ADDRESS 1700 S. TAMiami TRAIL
CITY-ST-ZIP Sarasota FL

TITLE T ☐ Delete
NAME NEWMAN, STEVE M
STREET ADDRESS 1700 S TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GARBY, BRIAN
STREET ADDRESS 1700 S TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SCHREMMER, MICHAEL
STREET ADDRESS 1700 S. TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME COLGATE, WILLIAM W
STREET ADDRESS 1700 S TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME HOLLAND, REUBEN W. I
STREET ADDRESS 1700 S TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)