

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90148 007 \*\*\*150.00

MAINTENANCE

**DOCUMENT # P93000056089**

1. Entity Name  
**COLIN S. BEACH, M.D., P.A.**



Principal Place of Business  
**14201 BRUCE B. DOWNS BLVD.  
SUITE 4  
TAMPA FL 33613  
US**

Mailing Address  
**14201 BRUCE B. DOWNS BLVD.  
SUITE 4  
TAMPA FL 33613  
US**



2. Principal Place of Business  
**15285 Amberly Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**15285 Amberly Dr.**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Tampa, Fla**  
Zip  
**33647**  
Country  
**USA**

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**Tampa, Fla**  
Zip  
**33647**  
Country  
**USA**

4. FEI Number  
**59-3199634**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KALISH, WILLIAM 4100 BA  
BARNETT PLAZA  
101 E KENNEDY BLVD  
TAMPA FL 33602**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Colin S. Beach MD**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/20/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST BEACH, COLIN S 14201 BRUCE B. DOWNS BLVD., SUITE 4 TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED MD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/20/03**

CR2E034 (10/02)