

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000079188**

1. Entity Name

TIMOTHY M. MCRAE, M.D., P.A.

FILED
Sep 04, 2002 8:00 am
Secretary of State

08-25-2002 90199 012 ***150.00

Principal Place of Business SOUTH MOODY PROFESSIONAL CENTER INC SUITE 1 TAMPA FL 33609 US		Mailing Address 48 SANDPIPER RD. 706 So. Moody Ave TAMPA FL 33609 US	
2. Principal Place of Business		3. Mailing Address 706 So. Moody Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Tampa, FL	
Zip	Country	Zip	Country
33609	US	33609	US
4. FEI Number 59-3210499		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHN, VANESSA N ESO 705 W. AZEELE STREET TAMPA FL 33606		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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D MCRAE, TIMOTHY M M.D. 48 SANDPIPER ROAD TAMPA FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	McRae, Timothy M. M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 706 So. Moody Ave Tampa, FL, 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 like empowered.			
SIGNATURE: SIGNATURE REQUIRED		president 9/3/02 (813) 258-8559	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

CR2E034 (4/02)



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

August 27, 2002

SEP 02 REC'D

TIMOTHY M. MCRAE, M.D., P.A.
706 S MOODY AVE
TAMPA, FL 33609 US

Subject: TIMOTHY M. MCRAE, M.D., P.A.

Reference Number: P93000079188

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jg

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Attachment
TIMOTHY M. McRAE, M.D., P.A. #P93000079188
CHILD, ADOLESCENT AND ADULT PSYCHIATRY

DIPLOMATE AMERICAN BOARD
OF PSYCHIATRY AND NEUROLOGY

BOARD CERTIFIED
CHILD AND ADOLESCENT PSYCHIATRY

706 SOUTH MOODY AVENUE
TAMPA, FLORIDA 33609

TELEPHONE: (813) 258-8559
FAX: (813) 258-8756

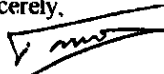
8/10/02

Uniform Business Report
Division Of Corporations
P.O. Box 1500
Tallahassee, Fl., 32302-1500

To Whom It May Concern:

I, as President of Timothy M. McRae MD PA, am writing to let you know that I did not receive the prior notice of the filing fee. Therefore, I am enclosing the requisite fee of \$150.00.

Sincerely,


Timothy M. McRae, MD
President