

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000088566

1. Entity Name

NEW ERA HEALTH ASSOCIATES, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90184 050 ***150.00

Principal Place of Business

Mailing Address

3000 MEDICAL PK DR
STE 102
TAMPA FL 33613
US

3000 MEDICAL PK DR
STE 102
TAMPA FL 33613-4617
US

2. Principal Place of Business

3. Mailing Address

11615 BRUCE B. DOWNS

11615 BRUCE B. DOWNS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 111

SUITE 111

City & State

City & State

TAMPA FL

TAMPA, FL

Zip

Country

Zip

Country

33613

USA

33613

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3238111

Applied For

Not Applicable

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

DILLON, RICHARD S
3000 MEDICAL PK DR
STE 102
TAMPA FL 33613

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 ☐ Delete
NAME D
STREET ADDRESS DIAZ, MARIA MD
CITY-ST-ZIP 2901 ST ISABEL ST
TAMPA FL 33607

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

TITLE ☐ Delete
NAME D
STREET ADDRESS JOSEPH, LEVINE MD
CITY-ST-ZIP 11212 N DALE MABRY HWY
TAMPA FL 33618

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

TITLE ☐ Delete
NAME D
STREET ADDRESS HYATT, HENRY
CITY-ST-ZIP 13801 BRUCE B DOWNS BLVD
TAMPA FL 33613

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

TITLE ☐ Delete
NAME PD
STREET ADDRESS DILLON, RICHARD S
CITY-ST-ZIP 3000 MEDICAL PARK DR / STE 102
TAMPA FL 33163

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

TITLE ☐ Delete
NAME D
STREET ADDRESS PETERFREUND, DAVID O M.D.
CITY-ST-ZIP 1202 PALMVIEW AVENUE
BELLEAIR FL 34616

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

TITLE ☐ Delete
NAME DV
STREET ADDRESS MARKS, JEFFREY J. MD
CITY-ST-ZIP 2535 LANDMARK DR, STE 101
CLEARWATER 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:

Richard S. Dillon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-2000 (813) 972-0770
Date Daytime Phone #

CR 12014 (1/99)