

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90120 027 \*\*\*150.00

**DOCUMENT # P93000088566**

1. Entity Name

**NEW ERA HEALTH ASSOCIATES, INC.**

Principal Place of Business

**13615 BRUCE B DOWNS  
 STE 111  
 TAMPA FL 33613  
 US**

Mailing Address

**13615 BRUCE B DOWNS  
 STE 111  
 TAMPA FL 33613  
 US**

2. Principal Place of Business

**3321 WEST BEARSS AV**  
 Suite, Apt. #, etc.

3. Mailing Address

**3321 W. BEARSS AVE**  
 Suite, Apt. #, etc.

City & State

**TAMPA FL**

City & State

**TAMPA, FL**

4. FEI Number

**59-3238111**

Applied For

Not Applicable

Zip

**33618**

Country

**USA**

Zip

**33618**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

**DILLON, RICHARD S**

Street Address (P.O. Box Number is Not Acceptable)

**3321 W. BEARSS AVE**

City

**TAMPA**

**FL**

Zip Code

**33618**

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

*Richard S. Dillon*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/10/02**

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, 2002 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

TITLE ☐ Delete  
 NAME **PD DILLON, RICHARD S**  
 STREET ADDRESS **3000 MEDICAL PARK DRIVE #102**  
 CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☐ Delete  
 NAME **D MARKS, JEFFREY**  
 STREET ADDRESS **3023 EASTLAND BLVD**  
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Delete  
 NAME **DV SHAMAS, GILBERT**  
 STREET ADDRESS **5501 4TH STREET NORTH**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE ☐ Delete  
 NAME **DST COZAD, CATHERINE**  
 STREET ADDRESS **12955 SEMINOLE BLVD**  
 CITY-ST-ZIP **LARGO FL 33778**

TITLE ☐ Delete  
 NAME **D PETERFREUND, DAVID O M.D.**  
 STREET ADDRESS **1055 S HARRISON AVE**  
 CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE ☐ Delete  
 NAME **D ARMAS, IGNACIO**  
 STREET ADDRESS **425 S PARSONS AVE**  
 CITY-ST-ZIP **BRANDON FL 33511**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **PD DILLON, RICHARD S**  
 STREET ADDRESS **3321 W. BEARSS AVE**  
 CITY-ST-ZIP **TAMPA FL 33618**

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

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

TITLE ☒ Change ☐ Addition  
 NAME **DST COZAD, CATHERINE**  
 STREET ADDRESS **8787 BRYAN DAIRY RD, SUITE 250**  
 CITY-ST-ZIP **LARGO, FL 33777**

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

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

**2/10/02 813 972-0770**

Date Daytime Phone #

CR2E034 (9/01)