

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90004 047 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

P94000049551

SHEILA M. LOVE, M.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593259023

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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.

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**LOVE, SHEILA M.
880 6TH STREET SOUTH #310
ST. PETERSBURG, FL 33701**

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with an officer like empowered.

SIGNATURE:

Sheila M. Love MD

Date

Daytime Phone #

CR2E034B (12/01)

Attachment
Document #
P94000049551 / 056253
Florida Department of State, Division of Corporations

Corporations Online

www.sosbiz.org

Public Inquiry

Florida Profit

SHEILA M. LOVE, M.D., P.A.

PRINCIPAL ADDRESS

880 - 6TH STREET SOUTH, STE. 310
ST. PETERSBURG FL 33701

MAILING ADDRESS

880 - 6TH STREET SOUTH, STE. 310
ST. PETERSBURG FL 33701Document Number
P94000049551FEI Number
593259023Date Filed
06/30/1994State
FLStatus
ACTIVEEffective Date
07/01/1994

Registered Agent

Name & Address

MILLER, RANDELL
HINES & ASSOCIATES, P.A.
315 S. HYDE PARK AVE.
TAMPA FL 33606

Officer/Director Detail

Name & Address	Title
LOVE, SHEILA M 880 - 6TH STREET SOUTH, STE. 310 ST. PETERSBURG FL	PTSD

Annual Reports

Report Year	Filed Date	Intangible Tax
1999	04/05/1999	
2000	03/01/2000	