

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90047 018 ***150.00

DOCUMENT # P95000023879

1. Entity Name

DIAGNOSTIC CLINIC MEDICAL GROUP, P.A.

Principal Place of Business

Mailing Address

1551 WEST BAY DRIVE
 LARGO FL 33770
 US

1551 WEST BAY DRIVE
 LARGO FL 33770-2209
 US

938000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3307922

Applied For

Not Applied For

Zip

Country

Zip

Country

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

WEINBREN, DON B
101 E. KENNEDY BLVD.
SUITE 2700
TAMPA FL 33602

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	P	<input type="checkbox"/> Delete
NAME	CAMPBELL, H. CHARLES M.D.	
STREET ADDRESS	1551 WEST BAY DR.	
CITY-ST-ZIP	LARGO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	QUIGLEY, CHERYL M.D.	
STREET ADDRESS	1551 WEST BAY DR.	
CITY-ST-ZIP	LARGO FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	NERNEY, MICHAEL M.D.	
STREET ADDRESS	1551 WEST BAY DR.	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, MICHAEL J M.D.	
STREET ADDRESS	1551 WEST BAY DR.	
CITY-ST-ZIP	LARGO FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHOBE, ROBERT N MD	
STREET ADDRESS	1551 W BAY DR	
CITY-ST-ZIP	LARGO FL 33770	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

H. Charles Campbell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
H. CHARLES CAMPBELL

Date **(727) 581-8767**
 Daytime Phone #