

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90219 017 ***150.00

DOCUMENT # P95000023879

1. Entity Name

DIAGNOSTIC CLINIC MEDICAL GROUP, P.A.

Principal Place of Business

1551 WEST BAY DRIVE
 LARGO FL 33770
 US

Mailing Address

1551 WEST BAY DRIVE
 LARGO FL 33770
 US

00000000



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 Applicable

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	CAMPBELL, H. CHARLES M.D.	1551 WEST BAY DR.	LARGO FL	<input type="checkbox"/>
V	QUIGLEY, CHERYL M.D.	1551 WEST BAY DR.	LARGO FL	<input checked="" type="checkbox"/>
T	NERNEY, MICHAEL M.D.	1551 WEST BAY DR.	LARGO FL	<input checked="" type="checkbox"/>
D	THOMPSON, MICHAEL J M.D.	1551 WEST BAY DR.	LARGO FL	<input type="checkbox"/>
S	SHOBE, ROBERT N MD	1551 W BAY DR	LARGO FL 33770	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
V	AYERILL, FRANCIS J. MD	1551 WEST BAY DR.	LARGO, FL 33770	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	GOLDSTEIN, WARREN S. MD	1551 WEST BAY DR.	LARGO, FL 33770	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	ROSIN, JOSEPH H. MD	1551 WEST BAY DR.	LARGO, FL 33770	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

H. Charles Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

727-581-8767

Daytime Phone #

CR2E034 (10/00)