

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90077 028 \*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3307922</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
<b>WEINBREN, DON B</b> <b>101 E. KENNEDY BLVD.</b> <b>SUITE 2700</b> <b>TAMPA FL 33602</b>				Name				
				Street Address (P.O. Box Number is Not Acceptable)				
				City		<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>P</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CAMPBELL, H. CHARLES M.D.</b>			NAME			
STREET ADDRESS	<b>1551 WEST BAY DR.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LARGO FL</b>			CITY-ST-ZIP			
TITLE	<b>T</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>AVERILL, FRANCIS J MD</b>			NAME			
STREET ADDRESS	<b>1551 WEST BAY DR.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LARGO FL 33770</b>			CITY-ST-ZIP			
TITLE	<b>S D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>GOLDSTEIN, WARREN J MD</b>			NAME			
STREET ADDRESS	<b>1551 WEST BAY DR.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LARGO FL 33770</b>			CITY-ST-ZIP			
TITLE	<b>S</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>THOMPSON, MICHAEL J M.D.</b>			NAME			
STREET ADDRESS	<b>1551 WEST BAY DR.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LARGO FL</b>			CITY-ST-ZIP			
TITLE	<b>S Y</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ROSIN, JOSEPH H MD</b>			NAME			
STREET ADDRESS	<b>1551 W BAY DR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LARGO FL 33770</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *H. Charles Campbell* (727) 581-8767  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**H. CHARLES CAMPBELL** Date Daytime Phone #

CR2E034 (10/02)