

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90004 045 ***150.00

DOCUMENT # P95000044456

1. Entity Name

STUART E. SINOFF, M.D., P.A.

Principal Place of Business

Mailing Address

1011-A JEFFORDS ST.
 CLEARWATER FL 34616

1011-A JEFFORDS ST.
 CLEARWATER FL 33756-4023

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

59-3220156

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CLARK, GREGORY D ESQ.
18167 US 19 N
SUITE 560
CLEARWATER FL 34624

7. Name and Address of New Registered Agent

Name **STUART E. SINOFF M.D.**

Street Address (P.O. Box Number is Not Acceptable)
1011-A JEFFORDS STREET

City **CLEARWATER**

FL

Zip Code **33756**

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

Stuart E. Sinoff M.D.
 Signature, typed or printed name of registered agent and title if applicable.

STUART E. SINOFF, M.D.

1/21/00

(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

TITLE **P** Delete
 NAME **SINOFF, STUART E**
 STREET ADDRESS **1011-A JEFFORDS ST.**
 CITY-ST-ZIP **CLEARWATER FL 34616**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 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:

Stuart E. Sinoff M.D.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STUART SINOFF **1/21/00**

Date

Daytime Phone #

727-443-3295