FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90054 028 ***150.00

DOCUMENT # P95000059692

1. Entity Name
TAMPA BAY PROVIDER GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8875 HIDDEN RIVER PKWY	8875 HIDDEN RIVER PKWY
Suite, Apt. #, etc. SUITE 300	Suite, Apt. #, etc. SUITE 300
City & State TAMPA, FL	City & State TAMPA, FL
Zip 33637 Country USA	Zip 33637 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3339351 ☐ 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 JAMES BARKER, D.O.

Street Address (P.O. Box Number is Not Acceptable) 8875 HIDDEN RIVER PARKWAY SUITE 300

City TAMPA FL Zip Code 33637

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 James H Barker JAMES H. BARKER 4/16/02
Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered agent's 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	DIRECTOR & PRESIDENT BARKER, JAMES, D.O. 13124 N. FLORIDA AVE TAMPA, FL. 33612	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR REIBER, WILLIAM, MD 3000 E. FLETCHER AVE., #230 TAMPA, FL 33613	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ISHAK, SALAM, MD 3405 LITHIA PINECREST RD. VALRICO, FL 33594	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SARNER, ALBERT, MD 4922 BAY WAY PL TAMPA, FL 33629	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 all other like empowered.

SIGNATURE: James H. Barker JAMES H. BARKER 4/16/02 (813)975-7440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #