

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90168 003 \*\*\*150.00

**DOCUMENT # P95000059987**

1. Entity Name  
**THE CLINICIANS GROUP, P.A.**

Principal Place of Business <b>801 WEST BAY DRIVE SUITE #511 LARGO FL 33770</b>	Mailing Address <b>801 WEST BAY DRIVE SUITE 511 LARGO FL 33770-3220</b>
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2. Principal Place of Business <b>5939 Park Boulevard</b>	3. Mailing Address <b>5939 Park Boulevard</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Pinellas Park, Florida</b>	City & State <b>Pinellas Park, Florida</b>
Zip <b>33781</b>	Country <b>USA</b>
Zip <b>33781</b>	Country <b>USA</b>

4. FEI Number **NOT APPLICABLE** Applied For  
**59-3375605** 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**

**7. Name and Address of New Registered Agent**

**ROSS, ALYSIA S. MS  
801 WEST BAY DRIVE  
SUITE 511  
LARGO FL 33770**

Name:  
**Ross, Alysia S.**

Street Address (P.O. Box Number is Not Acceptable)

**5939 Park Boulevard**

City  
**Pinellas Park**

**FL**

Zip Code  
**33781**

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

**Alysia S. Ross**

**15 April 2000**

Signature, type 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 <b>P</b>	<input type="checkbox"/> Delete
NAME <b>ROSS, ALYSIA S</b>	
STREET ADDRESS <b>801 WEST BAY DRIVE, SUITE 511</b>	
CITY-ST-ZIP <b>LARGO FL 33770</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE <b>Executive Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Alysia S. Ross, M.S.</b>	
STREET ADDRESS <b>5939 Park Boulevard</b>	
CITY-ST-ZIP <b>Pinellas Park, Florida 33781</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Alysia S. Ross, M.S., Executive Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **727-548-8000**

**15 April 2000** Daytime Phone #