

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000059987**

1. Entity Name

THE CLINICIANS GROUP, P.A.**FILED**
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90168 003 ***150.00

C

Principal Place of Business

Mailing Address

**801 WEST BAY DRIVE
SUITE #511
LARGO FL 33770****801 WEST BAY DRIVE
SUITE 511
LARGO FL 33770-3220**

2. Principal Place of Business

5939 Park Boulevard

3. Mailing Address

5939 Park Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pinellas Park, Florida

City & State

Pinellas Park, Florida

4. FEI Number

59-3375605**NOT APPLICABLE**

Applied For

Not Applicable

Zip
33781Country
USAZip
33781Country
USA5. 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

**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

Signature, type or printed name of registered agent and title if applicable.

Alysia S. Ross

(NOTE: Registered Agent signature required when reinstating)

15 April 2000

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 **P** ☐ Delete
NAME **ROSS, ALYSIA S**
STREET ADDRESS **801 WEST BAY DRIVE, SUITE 511**
CITY-ST-ZIP **LARGO FL 33770**TITLE **Executive Director** ☒ Change ☐ Addition
NAME **Alysia S. Ross, M.S.**
STREET ADDRESS **5939 Park Boulevard**
CITY-ST-ZIP **Pinellas Park, Florida 33781**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 #