

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90293 017 \*\*\*150.00

**DOCUMENT # P95000059987**

1. Entity Name

**THE CLINICIANS GROUP, P.A.**

Ce:

Principal Place of Business

**5939 PARK BLVD  
 PINELLAS PARK FL 33781**

Mailing Address

**5939 PARK BLVD  
 PINELLAS PARK FL 33781**

2. Principal Place of Business

**1661 East Bay Drive**

3. Mailing Address

**1661 East Bay Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Largo, Florida 33771**

City & State

**Largo, Florida 33771**

4. FEI Number

**59-3375600**

Applied For

Not Applicable

Zip

Country

**USA**

Zip

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ROSS, ALYSIA S. MS.**

**5939 PARK BLVD**

**PINELLAS PARK FL 33781**

7. Name and Address of New Registered Agent

Name

**Ross, MS, Alysia S.**

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

**1661 East Bay Drive**

City

**Largo**

FL

Zip Code  
**33771**

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 typed or printed name of registered agent and title if applicable.

**Alysia S. Ross, MS**

(NOTE: Registered Agent signature required when reinstating)

**April 30, 2002**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>ED ROSS, ALYSIA S. M.S. 5939 PARK BLVD PINELLAS PARK FL 33781</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TESSIER-ROSS, DOROTHY 2100 EAST BAY DRIVE, STE 205 LARGO FL 33771</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Executive Director Ross, MS, Alysia S. 1661 East Bay Drive Largo, Florida 33771</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Tessier-Ross, Dorothy 1661 East Bay Drive Largo, Florida 33771</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Alysia S. Ross, MS**

**April 30th, 2002**

Date

Daytime Phone #

CR2E034 (9/01)