

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000070876**1. Entity Name
FLORIDA AFFILIATED PHYSICIANS, INC.**FILED****Jan 29, 2001 8:00 am**
Secretary of State

01-29-2001 90193 041 ***150.00

Principal Place of Business
14499 N DALE MABRY HWY #230
TAMPA FL 33618
USMailing Address
13601 BRUCE B. DOWNS BLVD. STE 121
TAMPA FL 33613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3337139**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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****FRAZIER, DANIEL W M.D.**
13601 BRUCE B. DOWNS BLVD. STE 121
TAMPA FL 33613

Name

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

City

FL

Zip Code

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.

(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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **FRAZIER, DANIEL W M.D.**
STREET ADDRESS **13601 BRUCE B. DOWNS BLVD. STE 121**
CITY-ST-ZIP **TAMPA FL 33613**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **WEISSMAN, MARK M.D.**
STREET ADDRESS **13601 BRUCE B. DOWNS BLVD. STE 121**
CITY-ST-ZIP **TAMPA FL 33613**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **KOVALESKI, JEFFREY J**
STREET ADDRESS **14499 N DALE MABRY HWY #230**
CITY-ST-ZIP **TAMPA FL 33618**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **LANE, WALTER M**
STREET ADDRESS **13301 N DALE MABRY HWY**
CITY-ST-ZIP **TAMPA FL**TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY J. KOVALESKI

Date

Daytime Phone #

1/17/01 813 960 0108

CR2E034 (10/00)