## 2002 Uniform Business Report (UBR)

## Apr 01, 2002 8:00 am P95000097173 DOCUMENT # Secretary of State 1. Entity Name ANDREW LAZIN, M.D. AND LAZO PIPOVSKI, M.D., P.A. 04-01-2002 90049 023 \*\*\*150.00 Principal Place of Business Mailing Address 1921 WALDEMERE ST. 1921 WALDEMERE ST. SARASOTA FL SARASOTA FL 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. - Applied For City & State 4. FEI Number City & State 65-0631971 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHEA, JOHN Street Address (P.O. Box Number is Not Acceptable) 2940 SOUTH TAMIAMI TRAIL SARASOTA FL 34239 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. E034 (9/01 ☐ Addition TITI F ☐ Delete TITLE NAME Lazin, andrew STREET ADDRESS STREET ADDRESS 1425 DIXIE LEE LANE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 Change ☐ Addition Delete TITLE TITLE NAME NAME PIPOVSKI. LAZO W STREET ADDRESS STREET ADDRESS 5656 ASHTON LAKE DR. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME IMPERIO, DENNIS R NAME STREET ADDRESS STREET ADDRESS 6626 TALLMOST CIRCLE CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34202 Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Chance ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 employee 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:

3/21/02 (941) 917-8722

FILED