

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011251

1. Entity Name

EMILE C. COMMEDORE, M.D., P.A.

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90016 045 \*\*\*150.00

Principal Place of Business  
4730 N. Habana Ave.  
2727 W. DR. MARTIN LUTHER KING JR. BLVD-  
STE 418-300  
TAMPA FL 33607-33614  
US

Mailing Address  
PO BOX 151805  
TAMPA FL 33684-1805  
US

00003006



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3350578** 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

COMMEDORE, EMILE C. M  
2727 W DR. MARTIN L. KING JR. BLVD  
STE 418  
TAMPA FL 33607

Name  
Same  
Street Address (P.O. Box Number is Not Acceptable)  
4730 N. Habana Ave  
Suite 300  
City Tampa FL Zip Code 33614

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 Emile C. Commadore M.D. DATE 1/7/2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete  
NAME D  
STREET ADDRESS COMMEDORE, EMILE C  
CITY-ST-ZIP 2727 W DR MARTIN L. KING, JR., BLVD.  
TAMPA FL 33607

TITLE ☒ Change ☐ Addition  
NAME 4730 N. Habana Ave., Suite 300  
STREET ADDRESS Tampa, FL 33614  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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: Emile C. Commadore M.D. DATE 1/7/2000 (813) 877-6644  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #