

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011251

1. Entity Name

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

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90038 020 ***150.00

Principal Place of Business

2727 W. DR. MARTIN LUTHER KING, JR. BLVD
STE 418
TAMPA FL 33614
US

Mailing Address

PO BOX 151805
TAMPA FL 33684-1805
US

2. Principal Place of Business

4730 N. Habana Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite 300

City & State

Tampa

Florida

City & State

Zip

Country

Zip

Country

USA

4. FEI Number

59-3350578

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COMMEDORE, EMILE C. M
4730 N. HABANA AVE
STE 300
TAMPA FL 33614

7. Name and Address of New Registered Agent

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 re-registering)

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS COMMEDORE, EMILE C
CITY-ST-ZIP 4730 N. HABANA AVE SUITE 300
TAMPA FL 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01
Date

(813) 962-3401 H
Daytime Phone #

(813) 877-6644 W
Evening Phone #

CR2E034 (10/00)