

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2000 8:00 am**  
**Secretary of State**  
 08-25-2000 90003 008 \*\*\*550.00

**DOCUMENT # P96000015248**  
 1. Entity Name  
**TAMPA MEDICAL ASSOCIATES, INC.**

Principal Place of Business      Mailing Address  
 RAVINIA DR      ONE RAVINIA DR  
 SUITE 1500      SUITE 1500  
 ATLANTA GA 30346      ATLANTA GA 30346-2115  
 US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Atlanta      Atlanta  
 Zip      Zip      Country      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3377257**      Applied For  
 Not Applicable  
 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  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324  
 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, 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	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRATTON, ARTHUR W JR.		NAME	George D. Morgan	
STREET ADDRESS	ONE RAVINIA DR STE 1500		STREET ADDRESS	One Ravinia Dr., #1500	
CITY-ST-ZIP	ATLANTIC GA 30346		CITY-ST-ZIP	Atlanta, GA 30346	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIELE, STEFANO M		NAME		
STREET ADDRESS	ONE RAVINIA DR STE 1500		STREET ADDRESS	Atlanta	
CITY-ST-ZIP	ATLANTIC GA 30346		CITY-ST-ZIP	Atlanta	
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENTRY, BOYD P		NAME		
STREET ADDRESS	ONE RAVINIA DR STE 1500		STREET ADDRESS	Atlanta	
CITY-ST-ZIP	ATLANTIC GA 30346		CITY-ST-ZIP	Atlanta	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTLE, SUSAN T		NAME		
STREET ADDRESS	ONE RAVINIA DR STE 1500		STREET ADDRESS	Atlanta	
CITY-ST-ZIP	ATLANTIC GA 30346		CITY-ST-ZIP	Atlanta	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* **REQUIRED** Stefano M. Miele 8/15/00 678-443-6704  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CR2E034 (9/99)