

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000015248

1. Entity Name

TAMPA MEDICAL ASSOCIATES, INC.

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90221 001 ***300.00

Principal Place of Business

ONE RAVINIA DR
SUITE 1500
ATLANTA GA 30346
US

Mailing Address

ONE RAVINIA DR
SUITE 1500
ATLANTA GA 30346
US

24584



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 59-3377257

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MORGAN, GEORGE D ☒ Delete
STREET ADDRESS ONE RAVINIA DR
CITY-ST-ZIP ATLANTA GA 30346

TITLE Director and President
NAME David R. Wilson ☐ Change ☒ Addition
STREET ADDRESS One Ravinia Dr., Suite 1500
CITY-ST-ZIP Atlanta, GA 30346

TITLE VP
NAME MIELE, STEFANO M ☐ Delete
STREET ADDRESS ONE RAVINIA DR STE 1500
CITY-ST-ZIP ATLANTA GA 30346

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

TITLE VT
NAME GENTRY, BOYD P ☐ Delete
STREET ADDRESS ONE RAVINIA DR STE 1500
CITY-ST-ZIP ATLANTA GA 30346

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

TITLE D
NAME WHITTLE, SUSAN T ☒ Delete
STREET ADDRESS ONE RAVINIA DR STE 1500
CITY-ST-ZIP ATLANTA GA 30346

TITLE Director, Vice Pres. + Asst. Treasurer
NAME Danette Manzi ☐ Change ☒ Addition
STREET ADDRESS One Ravinia Dr., Suite 1500
CITY-ST-ZIP Atlanta, GA 30346

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice President
NAME John Notermann ☐ Change ☒ Addition
STREET ADDRESS One Ravinia Dr., Suite 1500
CITY-ST-ZIP Atlanta, GA 30346

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

Stefano Miele

1/29/01

Date

678-443-7000

Daytime Phone #

CR2E034 (10/00)