

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90002 041 ***550.00

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DOCUMENT # P96000021302

1. Entity Name
MATURITY MEDICAL OF PINELLAS, PROFESSIONAL ASSOC

Principal Place of Business: **6800 GULFPORT BOULEVARD SOUTH SUITE 213 SOUTH PASADENA FL 33707**

Mailing Address: **6800 GULFPORT BOULEVARD SOUTH SUITE 213 SOUTH PASADENA FL 33707**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **59-3367370**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**RESIDENT AGENT CORPORATION OF PINELLAS COU
 980 TYRONE BLVD.
 ST. PETERSBURG FL 33710**

7. Name and Address of New Registered Agent
 Name: **Alan Cassman, Esq**
 Street Address (P.O. Box Number is Not Acceptable): **1245 Court Street Suite 102**
 City: **Clearwater** FL Zip Code: **33756**

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]* DATE: **7/3/01**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	Dr. WILLIAMS, OSWALD A 412 6TH AVE. TIERRA VERDE FL 33715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **SIGNATURE REQUIRED** **7/3/01 (727) 381-9500**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CFR2E034 (5/01)