

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000021302

FILED  
May 01, 2002 8:00 AM  
Secretary of State

**Entity Name:** MATURITY MEDICAL OF PINELLAS, PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

6800 GULFPORT BOULEVARD SOUTH  
SUITE 213  
SOUTH PASADENA, FL 33707

**New Principal Place of Business:**

6800 GULFPORT BOULEVARD SOUTH  
SUITE 215  
SOUTH PASADENA, FL 33707

**Current Mailing Address:**

6800 GULFPORT BOULEVARD SOUTH  
SUITE 213  
SOUTH PASADENA, FL 33707

**New Mailing Address:**

6800 GULFPORT BOULEVARD SOUTH  
SUITE 215  
SOUTH PASADENA, FL 33707

FEI Number: 59-3367370

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GASSMAN, ALAN ESQ.  
1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WILLIAMS, OSWALD A  
Address: 412 6TH AVE.  
City-St-Zip: TIERRA VERDE, FL 33715

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSWALD A. WILLIAMS

D

05/01/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date