

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State
 05-23-2000 90243 009 ***150.00

DOCUMENT # P96000022023

1. Entity Name
 DIANE CABLE, D.O., P.A.

Principal Place of Business

7850 ULMERTON RD
 5
 LARGO FL 33771
 US

Mailing Address

7850 ULMERTON RD
 5
 LARGO FL 33771-4015
 US

2. Principal Place of Business

7850 ULMERTON RD

Suite, Apt. #, etc.

SUITE 5

City & State

LARGO FL

Zip

33771

Country

USA

3. Mailing Address

7850 ULMERTON RD

Suite, Apt. #, etc.

SUITE 5

City & State

LARGO FL

Zip

33771

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3365972

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIANE CABLE, D.O.
 7850 ULMERTON RD SUITE 9
 LARGO FL 33771

7. Name and Address of New Registered Agent

Name

DIANE CABLE D.O.

Street Address (P.O. Box Number is Not Acceptable)

7850 ULMERTON RD SUITE 5

City

Largo

State

FL

Zip Code

33771

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

DIANE CABLE D.O.

4/29/00

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

TITLE PDVP
 NAME DIANE CABLE, D.O.
 STREET ADDRESS 7850 ULMERTON RD SUITE 9
 CITY-ST-ZIP LARGO FL

☐ Delete

TITLE ST
 NAME DIANE CABLE, D.O.
 STREET ADDRESS 7850 ULMERTON RD SUITE 9
 CITY-ST-ZIP LARGO FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

SUITE 5

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

SUITE 5

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

DIANE CABLE D.O.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00 (727) 524-1404

Date

Daytime Phone #

CR2E034 (9/99)