

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040567

1. Entity Name

WALSINGHAM MEDICAL CLINIC, P.A.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90008 044 ***150.00

Principal Place of Business

Mailing Address

~~12651 WALSHINGHAM ROAD~~ 11200 Seminole
SUITE B Suite 100
LARGO FL 33778
Largo, FL 33778

~~12651 WALSHINGHAM ROAD~~ 11200
SUITE B Seminole Blvd
LARGO FL 33778 Suite 100
Largo, FL 33778

2. Principal Place of Business

11200 Seminole Blvd.

3. Mailing Address

10265 Hazel St.

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

City & State
Largo, FL

City & State
Largo, FL

4. FEI Number

59-3377094

Applied For

Not Applicable

Zip
33778-3259

Country
USA

Zip
33778-3426

Country
USA

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

LIPPS, JACK
10265 HAZEL STREET
LARGO FL 33778

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LIPPS, JACK
10265 HAZEL STREET
LARGO FL 33778 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00

727-320-8636

Date

Daytime Phone #

CR2E034 (9/99)