

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 13, 2000 8:00 am  
Secretary of State

07-13-2000 90009 049 \*\*\*550.00

DOCUMENT # P96000052346

1. Entity Name

TAMPA MEDICAL PLAZA, INC.

Principal Place of Business

2181 QUAIL RUN DRIVE

6160 PERKINS RD., STE. 200

BATON ROUGE LA 70808

US

Mailing Address

2181 QUAIL RUN DRIVE

6160 PERKINS RD., STE. 200

BATON ROUGE LA 70808

US

2. Principal Place of Business

3. Mailing Address

2181 QUAIL RUN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BATON ROUGE LA

Zip

Country

Zip

Country

70808

USA

4. FEI Number

59-3384814

Applied For

Not Applicable

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

ZEHMER, JOHN H  
6620 SOUTHPOINT DRIVE SOUTH  
SUITE 200  
JACKSONVILLE FL 32216

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 ☐ Delete  
NAME D  
STREET ADDRESS 6160 PERKINS RD #200  
CITY-ST-ZIP BATON ROUGE LA 70808

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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

Date

Daytime Phone #

07-13-2000 (3/4/00)