

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000067147

1. Entity Name

WEST FLORIDA EAR, NOSE AND THROAT MEDICAL CENTER

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90056 045 ***150.00

Principal Place of Business

Mailing Address

4710 N. HABANA DR.
107
TAMPA FL 33614
US

4710 N. HABANA AVE.
107
TAMPA FL 33614-7143
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4700 N HABANA AVE
Suite, Apt. #, etc.
602

4700 N HABANA AVE
Suite, Apt. #, etc.
602

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33614

Country

Zip
33614

Country

4. FEI Number 59-3394837

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

RUGG, JOSEPH L
ONE TAMPA CITY CENTER, STE. 210
201 N. FRANKLIN ST.
TAMPA FL 33602

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 TD
NAME ALONSO, MIGUEL A ☒ Delete
STREET ADDRESS 4710 NORTH HABANA AVENUE #107
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ Change ☒ Addition
NAME No Holiday, James
STREET ADDRESS 4700 N. Habana #602
CITY-ST-ZIP Tampa, FL 33614

TITLE D
NAME ALONSO, WILLIAM A ☐ Delete
STREET ADDRESS 2727 WEST DR MARTIN LUTHER KING BLVD. #620
CITY-ST-ZIP TAMPA FL 33607

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

TITLE SD
NAME CASTELLANO, NELSON ☐ Delete
STREET ADDRESS 306 SOUTH MACDILL AVENUE
CITY-ST-ZIP TAMPA FL 33607

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

TITLE D
NAME DOLGIN, SANFORD R ☐ Delete
STREET ADDRESS 4700 NORTH HABANA AVENUE #602
CITY-ST-ZIP TAMPA FL 33614

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

TITLE D
NAME DONNELLY, KEVIN ☐ Delete
STREET ADDRESS 4700 NORTH HABANA AVENUE #602
CITY-ST-ZIP TAMPA FL 33614

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

TITLE O.D. Kampsen, Edward ☐ Delete
NAME
STREET ADDRESS 3224 Henderson Blvd.
CITY-ST-ZIP Tampa, FL 33609

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

04-27-2000

Date

813-872-8794

Daytime Phone #