

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000087954

1. Entity Name

PASCO/PINELLAS PEDIATRICS, P.A.

**FILED**  
Aug 01, 2002 8:00 am  
Secretary of State

08-01-2002 90168 009 \*\*\*150.00

Principal Place of Business

1501 ALTERNATE 19 SOUTH  
SUITE B  
TARPON SPRINGS FL 34689

Mailing Address

1501 ALTERNATE 19 SOUTH  
SUITE B  
TARPON SPRINGS FL 34689



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3405299

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AGORIS, PETER G M.D.  
1501 ALTERNATE 19 SOUTH  
SUITE B  
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 P  
NAME AGORIS, PETER G M.D.  
STREET ADDRESS 1501 ALTERNATE 19 SOUTH, SUITE B  
CITY-ST-ZIP TARPON SPRINGS FL 34689

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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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:

*John M. DeLoach*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/02

934-3474

CR2E034 (4/02)

Attachment  
R# P960008795

7/29/02

971992

Dear Sir:

This is the first notice received for this corporation. I would like to request that the late fee be waived.

Thank you very kindly.

Shene Nicholas Garris, m.e.  
personal representative

1501 S. Pinellas Ave. (Q)