

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098003

1. Entity Name

SPSMG PHYSICIANS GROUP, INC.

APPROVED  
AND  
FILED

00 JUL 20 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

601 SEVENTH STREET SOUTH  
ST. PETERSBURG FL 33701

Mailing Address

601 SEVENTH STREET SOUTH  
ST. PETERSBURG FL 33701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3413834

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RICHNE, LYNN  
601 SEVENTH STREET SOUTH  
ST. PETERSBURG FL 33701

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☒ Delete  
NAME GARNER, KEVIN F M.D.  
STREET ADDRESS 601 SEVENTH STREET SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE ☐ Change ☒ Addition  
NAME 700003334727-02  
STREET ADDRESS -07/25/00-01038-021  
CITY-ST-ZIP \*\*\*\*\*550.00 \*\*\*\*\*550.00

TITLE ☐ Delete  
NAME President  
STREET ADDRESS Mark Gordon, M.D.  
CITY-ST-ZIP 601 Seventh St. South  
St. Petersburg, FL 33701

TITLE ☐ Change ☒ Addition  
NAME President/Director  
STREET ADDRESS Mark Gordon, M.D.  
CITY-ST-ZIP 601-7th Street South  
St. Petersburg, FL 33701

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Secretary/Director  
STREET ADDRESS Steven R. Cohen, Ph.D.  
CITY-ST-ZIP 601-7th Street South  
St. Petersburg, FL 33701

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
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

Mark Gordon, M.D., President

Date

Daytime Phone #

7/6/00 77-824-8243

KE

(5/00)