

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102086

1. Entity Name

ABRAHAM S. MARCADIS, M.D., P.A.

Principal Place of Business

Mailing Address

508 SO HABANA AVE. STE 300
TAMPA FL 33609

508 SO HABANA AVE. STE 300
TAMPA FL 33609

2. Principal Place of Business

2615 Swann Ave

3. Mailing Address

2615 Swann Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33609

Country

Zip

33609

Country

4. FEI Number

59-3424580

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

MARCADIS, ABRAHAM MD
508 SO HABANA AVE. STE 300
TAMPA FL 33609

Match

Name

Street Address (P.O. Box Number is Not Acceptable)

2615 Swann Ave

City

Tampa

FL

Zip Code

33609

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

A.S. Marcadis

A.S. MARCADIS

12 Jan 01

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, 2001 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

TITLE D
NAME MARCADIS, ABRAHAM MD
STREET ADDRESS 508 SO HABANA AVE. STE 300
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE S
NAME MARCADIS, ELIZABETH Z.
STREET ADDRESS 508 S HABANA AVE. #300
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 2615 Swann Ave
CITY-ST-ZIP Tampa, FL 33609 ☒ Change ☐ Addition

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

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

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

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

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:

A.S. Marcadis
A.S. MARCADIS

12 Jan 01

813-8780088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0518341

CR2E034 (10/00)