2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State
05-03-2001 90927 038 ***150.00

DOCUMENT # P97000014970

Entity Name

NT: PETERSBURG TRAUMA ASSOCIATES, INC.

46863

Principal Place of Business	Mailing Address
AMELA A.M. CAMPBELL, ESQ. SECOND AVENUE NORTH, STE. 1500 ETERSBURG FL 33731-1441	% PAMELA A.M. CAMPBELL, ESQ. 150 SECOND AVENUE NORTH, STE. 1500 ST PETERSBURG FL 33731-1441

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3718357 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, PAMELA A.M. ESQ.
150 SECOND AVENUE N., STE. 1500
ST PETERSBURG FL 33731-1441

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
P ☐ Delete EPSTEIN, STEVEN G 666 6TH STREET SOUTH, STE. 215 ST PETERSBURG FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
VP ☐ Delete WELLS, THOMAS D 601 7TH STREET SOUTH ST PETERSBURG FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
ST ☐ Delete VVIEUX, ERNEST 3000 FIRST AVENUE NORTH ST PETERSBURG FL 33712	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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: Steven A. Epstein 4/26/01