

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021414

1. Entity Name

AFTER HOURS PEDIATRICS, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90051 033 ***150.00

Principal Place of Business

15043 BRUCE B DOWNS BLVD
TAMPA FL 33647
US

Mailing Address

15043 BRUCE B DOWNS BLVD
TAMPA FL 33647-1388
US

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 **59-3433186**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUGG, JOSEPH WN W
201 N FRANKLIN STREET
SUITE 2100
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	P	<input type="checkbox"/> Delete
NAME	ABRUNZO, MARY PATRICIA	
STREET ADDRESS	2706 FOUNTAIN BLVD	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ABRUNZO, THOMAS J MD	
STREET ADDRESS	2706 FOUNTAIN BLVD	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	T	<input type="checkbox"/> Delete
NAME	SANTAMARIA, KIMBERLY RENEE	
STREET ADDRESS	8948 MAGNOLIA CHASE CIR	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	S	<input type="checkbox"/> Delete
NAME	SANTAMARIA, JOHN P MD	
STREET ADDRESS	8948 MAGNOLIA CHASE CIR	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kimberly R. Santamaria
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00

Date

813-910-8888

Daytime Phone #

CR2E034 (9/99)