

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034820

1. Entity Name

PROFESSIONAL HEALTHCARE OF PINELLAS, INC. ✓

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90008 036 ***550.00

Principal Place of Business

4206 CENTRAL AVE
ST PETERSBURG FL 33711
US

Mailing Address

10265 GANDY BLVD. #1212
ST. PETERSBURG FL 33702

2. Principal Place of Business

4320 Central Ave
Suite, Apt. #, etc.

3. Mailing Address

4320 Central Ave.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St Petersburg, FL

City & State

St Petersburg, FL

4. FEI Number

59-3440564

Applied For

Not Applicable

Zip

33711

Country

USA

Zip

33711

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARSENAULT, KENNETH G JR.
10225 ULMERTON ROAD, SUITE 2
LARGO FL 33771

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.

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOUKADDEM, NASSER	
STREET ADDRESS	10265 GANDY BLVD., #1212	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> Delete
NAME	SABA, FADI	
STREET ADDRESS	10265 GANDY BLVD., #1212	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> Delete
NAME	AL-ANDARY, HAZEM	
STREET ADDRESS	10265 GANDY BLVD., #1212	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Saba, Fadi	
STREET ADDRESS	4320 Central Ave.	
CITY-ST-ZIP	St Petersburg, FL 33711	
TITLE	Officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Al-Andary, Hazem	
STREET ADDRESS	4320 Central Ave	
CITY-ST-ZIP	St Petersburg, FL 33711	
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		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/00

727-322-1054

Date

Daytime Phone #

CR2E034 (5/00)