

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90134 019 ***150.00

DOCUMENT # P97000034820

1. Entity Name
PROFESSIONAL HEALTHCARE OF PINELLAS, INC.



Principal Place of Business

~~4320 CENTRAL AVE~~
ST PETERSBURG FL 33711
US

Mailing Address

~~4320 CENTRAL AVE~~
ST PETERSBURG FL 33744
US

2. Principal Place of Business

2763 1st Avenue, North
Suite, Apt. #, etc.

3. Mailing Address

2763 1st Avenue, North
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

St. Petersburg, FL

City & State

St. Petersburg

4. FEI Number

59-3440564

Applied For

Not Applicable

Zip

33713

Country

US

Zip

FL

Country

US

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE



FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SABA, FADI**
STREET ADDRESS ~~4320 CENTRAL AVE~~ **2763 1st Avenue, North**
CITY-ST-ZIP ~~SAINT PETERSBURG FL 33744~~ **33713**

TITLE ☒ Change ☐ Addition
NAME **2763 1st Avenue, North**
STREET ADDRESS **St. Petersburg, FL**
CITY-ST-ZIP **33713**

TITLE **O** ☒ Delete
NAME **AL - ANDARY, HAZEN**
STREET ADDRESS ~~4320 CENTRAL AVE~~ **2763 1st Avenue, North**
CITY-ST-ZIP ~~SAINT PETERSBURG FL 33744~~ **33713**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

Date

1/15/03

Daytime Phone #

CR2E034 (10/02)