

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000042487**

1. Entity Name

**M D CLINIC, P.A.****FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90123 031 \*\*\*150.00

Principal Place of Business

**2900 N. MILITARY TRAIL  
#201  
BOCA RATON FL 33431**

Mailing Address

**12618 MAYPAN DR  
BOCA RATON FL 33428-4778**

2. Principal Place of Business

**Same**

3. Mailing Address

Suite, Apt. #, etc.

**215**

Suite, Apt. #, etc.

City &amp; State

**Same**

City &amp; State

Zip

**Same**

Country

**Same**

Zip

Country

4. FEI Number **65-0758582**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FILINGS, INC.  
3732 NW 16TH ST  
FT LAUDERDALE FL 33311**

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.

(N/A: 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STAMPALIA, ANTHONY M.D.</b>	
STREET ADDRESS	<b>12618 MAYPAN DR</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>	

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

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Anthony STAMPALIA**

Date

**1-17-00**

Daytime Phone #

**561-218-5118**