

998-2001 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 FEB 18 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000043292

1. Entity Name

HYDE PARK MEDICAL ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2325 ULMERTON ROAD

3. Mailing Address

Suite, Apt. #, etc.
SUITE 1

Suite, Apt. #, etc.

City & State

CLEARWATER, FL 33762

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3471880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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****600.00 ****600.00

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Alan S. Gassman

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

Gassman & Associates P.A.

1245 Court Street, Suite 102

City

Clearwater

FL

Zip Code
33756

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 ALAN S. GASSMAN, Esq.

Signature, typed or printed name of registered agent and title (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) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP

CATHERINE E. COWART, M.D.
2325 ULMERTON ROAD SUITE 1
CLEARWATER, FL 33762

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Spayne
98 UBR Return

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Catherine Cowart MD

2/1/02 (27) 572-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)