

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90007 025 ***150.00

DOCUMENT # P97000051233

1. Entity Name

CHAMPIA MEDICAL CONSULTANTS, INC.

Principal Place of Business

**5457 S ISLAND DR
HOMOSASSA FL 34448
US**

Mailing Address

**P O BOX 488
HOMOSASSA SPRINGS FL 34447**

00033926



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3453224**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIA, SHIRLEY B
10678 HALLS RIVER RD
HOMOSASSA FL 34448**

Name

PIA, SHIRLEY B.

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

5457-SO. ISLAND DRIVE

City

HOMOSASSA

FL

Zip Code

34448

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, 2001 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 **PT** ☐ Delete
NAME **PIA, SHIRLEY B**
STREET ADDRESS **10678 HALLS RIVER RD**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE **PT** ☒ Change ☐ Addition
NAME **PIA, SHIRLEY B.**
STREET ADDRESS **5457-SO. ISLAND DRIVE**
CITY-ST-ZIP **HOMOSASSA, FL 34448**

TITLE **S** ☐ Delete
NAME **RENUAD, RICHARD J**
STREET ADDRESS **1746 CENTRAL AVE**
CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE **S** ☒ Change ☐ Addition
NAME **RENUAD, RICHARD J.**
STREET ADDRESS **4837-HARBOR LIGHTS N.**
CITY-ST-ZIP **ST. PETE, FL 33708-3851**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Shirley B. PIA (Shirley B. PIA, Inc.)

Date

Daytime Phone #

3-13-01 (352-628-0780)

CR2E034 (10/00)