

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096436

1. Entity Name

PRODUCTS BY PHYSICIANS INC.

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90006 022 \*\*\*150.00

00060550

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

P.O. BOX 3393

P.O. BOX 3393

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
TAMPA FL

City & State  
TAMPA FL

Zip  
33601

Country

Zip  
33601

Country

4. FEI Number

59-3476752

Applied For

Not Applicable

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

Name R. BLAIN SANFORD

Street Address (P.O. Box Number is Not Acceptable)  
14502 N. DALE MARY

SUITE # 302

City TAMPA

FL

Zip Code 33618-2072

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 R. BLAIN SANFORD

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

(NOTE: Registered Agent signature required when reinstating)

4.19.2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P D  
NAME WILLIAM G. BROOKS JR MD  
STREET ADDRESS P.O. BOX 3393  
CITY-ST-ZIP TAMPA FL 33601 ☐ Delete

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

TITLE DST  
NAME LAURA S. WEATHERS MD  
STREET ADDRESS P.O. BOX 3393  
CITY-ST-ZIP TAMPA FL 33601 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM G. BROOKS JR MD

Date

Daytime Phone #

5/20/2000 813.831.3701

CR2E034 (9/99)