

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90788 033 ***150.00

0550796 AV

DOCUMENT # P97000106777

1. Entity Name
ROBERT G. ZEITLER, M.D., P.A.

Principal Place of Business
1022 MAIN STREET
SUITE H
DUNEDIN FL 34698
US

Mailing Address
1022 MAIN STREET
SUITE H
DUNEDIN FL 34698
US



2. Principal Place of Business
35246 US Hwy 19 N

Suite, Apt. #, etc.
258

City & State
Palm Harbor FL

Zip
34684

Country
Pine llas

3. Mailing Address
35246 US Hwy 19 N

Suite, Apt. #, etc.
258

City & State
Palm Harbor FL

Zip
34684

Country
Pine llas

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3487590

Applied For
☐ Not Applicable

5. Certificate of Status Desired
☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MCLEAN, ROBERT D
201 N. FRANKLIN STREET
SUITE 2100
TAMPA FL 33602

7. Name and Address of Registered Agent
Robert D. McLean
100 N. Franklin St.
Suite 2700
Tampa FL
Zip Code 33602-5804

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 _____ (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D ZEITLER, ROBERT G MD 1022 MAIN ST, STE H DUNEDIN FL 34698	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEITLER, ROBERT G, M.D. #258, 35246 US Hwy. 19 N Palm Harbor, FL 34684
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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: Robert G. Zeitler MD PA 3/19/2002 727-784-8801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)