

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019382

1. Entity Name

DANIEL A. VINCENT, JR., M.D., P.A.

Principal Place of Business

505 DELEON STREET, SUITE 6
TAMPA FL 33606

Mailing Address

505 DELEON STREET, SUITE 6
TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0824329

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

BERGEN, AMY LEWIS
2516 W SHELL POIN
TAMPA FL 33611

Name Daniel A. Vincent, Jr, MD

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

505 Deleon Street,

Suite 6

City

Tampa

FL

Zip Code

33606

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

Daniel A. Vincent, Jr, MD Daniel A. Vincent, Jr, MD

3/5/01

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 D
NAME VINCENT, DANIEL A JR,MD
STREET ADDRESS 505 DELEON STREET, SUITE 6
CITY-ST-ZIP TAMPA FL 33606 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

Daniel A. Vincent, Jr, MD Daniel A. Vincent, Jr, MD, President 3/5/01 (813) 258-0404

00001070



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)