

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024732

1. Entity Name

THE VILLAGE INTERNIST, INC.

FILED

May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90101 020 \*\*\*150.00

Principal Place of Business

Mailing Address

DONALD FIGLIOLA, M.D.  
13301 NORTH DALE MABRY HWY. #A  
TAMPA FL 33618  
US

DONALD FIGLIOLA, M.D.  
13301 NORTH DALE MABRY HWY. #A  
TAMPA FL 33618  
US

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 59-3509798

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

JACOBS, RICHARD O  
200 CENTRAL AVENUE  
SUITE 1600  
ST. PETERSBURG FL 33701

Name BITCHAKAS, PETER J.  
Street Address (P.O. Box Number is Not Acceptable)  
14499 N. DALE MABRY, SUITE 280  
City TAMPA FL 33618

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

*Peter J. Bitchakas*

4/24/01

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete  
NAME P  
STREET ADDRESS PIGLIOLA, DONALD MD  
CITY-ST-ZIP 13301 N DALE MABRY HIGHWAY, #A  
TAMPA FL 33618

TITLE ☒ Change ☐ Addition  
NAME FIGUOLA, DONALD MD  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME M  
STREET ADDRESS BITCHAKAS, PETER J  
CITY-ST-ZIP 14499 N DALE MABRY, SUITE 230  
TAMPA FL 33618

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Peter J. Bitchakas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

813-963-0177x228

Daytime Phone #

CR2E034 (10/00)