

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040710

1. Entity Name

DR. GAIL A. LATLIEF, D.O., PA

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90083 006 ***150.00

| | |
|--|---|
| Principal Place of Business | Mailing Address |
| 1234 ROYAL OAK DR. DUNEDIN FL 34698 | 1234 ROYAL OAK DR. DUNEDIN FL 34698-3113 |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 4. FEI Number | 59-3513092 | Applied For |
| | | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| LATLIEF, GAIL 1234 ROYAL OAK DR. ST. PETERSBURG FL 33707 | Name Street Address (P.O. Box Number is Not Acceptable) City Dunedin FL Zip Code 34698 |

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

4-23-00

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 NAME STREET ADDRESS CITY-ST-ZIP P LATLIEF, GAIL A 1234 ROYAL OAK DR. DUNEDIN FL 34698 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gail A. Latlief D.O. 4-23-00

727-738-5505

CR2E034 (9/99)