

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91325 037 \*\*\*150.00

**DOCUMENT # P98000045035**

1. Entity Name

The Hernia Center, Inc

Principal Place of Business

666 - 6th ST. SO. #201  
ST. PETERSBURG, FL 33701

Mailing Address

666 - 6th ST. SO. #201  
ST. PETERSBURG, FL 33701

2. Principal Place of Business

3. Mailing Address

90 CPA 25 2ND ST. #210

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST. PETERSBURG, FL

4. FEI Number

59-3515361

Applied For

Not Applicable

Zip

Country

Zip

Country

33701

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

DO NOT WRITE IN THIS SPACE

**C0067214**

6. Name and Address of Current Registered Agent

ROZAR, KAREN B  
CORPORATION SERVICE CO.  
1201 HAYS ST.  
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Hirsch, Kevin J.

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

666 - 6th ST. SO. #201

City

ST. PETERSBURG

FL

Zip Code

33701

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

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 PD  
NAME Hirsch, Kevin J.  
STREET ADDRESS 666 - 6th ST. SO. #201  
CITY-ST-ZIP ST. PETERSBURG, FL 33701 ☐ Delete

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kevin J. Hirsch, Pres

4/27/01

CR2E034 (11/00)