

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

0455399 AV

03-18-2002 90057 019 ***150.00

DOCUMENT # **P98000052364**

1. Entity Name
PATRICK R.M. THOMAS, M.D., P.A.

Principal Place of Business
~~2625 MCCORMICK DR., SUITE 104~~
CLEARWATER FL 33769-1099

Mailing Address
~~2625 MCCORMICK DR., SUITE 104~~
CLEARWATER FL 33759-1099



2. Principal Place of Business
3155 N. McMullen Booth Rd
 Suite, Apt. #, etc.

3. Mailing Address
3155 N. McMullen Booth Rd.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Clearwater FL
 Zip **33761** Country **USA**

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Clearwater FL
 Zip **33761** Country **USA**

4. FEI Number **59-3516885**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TRALINS, MYLES J ESQ.
2 SOUTH BISCAYNE BLVD.
SUITE 3310
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **PATRICK R.M. THOMAS**
 Street Address (P.O. Box Number is Not Acceptable)
3155 N. McMullen Booth Rd.
 City **Clearwater** **FL** Zip Code **33761**

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 **Patrick R.M. Thomas** **3/1/02**
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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, PATRICK R.M. M.D. 3850 TAMPA ROAD SUITE 101 PALM HARBOR FL 34684	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3155 N. McMullen Booth Rd. Clearwater FL 33761	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: **Patrick R.M. Thomas** **3/1/02** **727-669-9018**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)