

FILED
May 29, 2002 8:00 am
Secretary of State

05-02-2002 90059 017 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000062941** ✓
 1. Entity Name
JEFFREY A. HIRSCHFELD M.D. P.A.

87456

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6499 38th Ave. N		3. Mailing Address 6499 38th Ave. N	
Suite, Apt. #, etc. A-2		Suite, Apt. #, etc. A-2	
City & State St. Petersburg, FL		City & State St. Petersburg, FL	
Zip 33710	Country USA	Zip 33710	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3516645

Applied For
Not Applicable

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

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7. Name and Address of Current Registered Agent

Name **JEFFREY A. HIRSCHFELD M.D. PA**

Street Address (P.O. Box Number is Not Acceptable)
6499 38th Ave. N Suite A-2

City **St. Petersburg** FL Zip Code **33710**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

(Signature: Jeffrey A. Hirschfeld)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
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	PSTD HIRSCHFELD, JEFFREY A. M.D. 6499 38th Avenue N, Suite A-2 St. Petersburg, FL 33710	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *(Signature: Jeffrey A. Hirschfeld)* **JEFFREY A. HIRSCHFELD** 4/21/02 727-381-4305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)