

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000059254**

1. Entity Name

DOCTORS SPECIALTY NETWORK, INC.**FILED**
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90083 028 ***150.00

Principal Place of Business

Mailing Address

**6002 POINTE W BLVD
BRADENTON FL 34209****6002 POINTE W BLVD
BRADENTON FL 34209-5531**

C0031223



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SILVERMAN, HARRIS
6002 POINTE W BLVD
BRADENTON FL 34209**

Name

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

City

FL

Zip Code

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **D** ☐ Delete
NAME **BRAXTON, THOMAS N III**
STREET ADDRESS **508 MANATEE AVENUE EAST**
CITY-ST-ZIP **BRADENTON FL 34208**TITLE **D** ☐ Change ☒ Addition
NAME **Ayres, John**
STREET ADDRESS **2010 59th STW Suite 4400**
CITY-ST-ZIP **Bradenton, FL 34209**TITLE **D** ☐ Delete
NAME **KELLY, JAN**
STREET ADDRESS **6002 POINTE WEST BOULEVARD**
CITY-ST-ZIP **BRADENTON FL 34209**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☒ Delete
NAME **DEFREITAS, EDWARD**
STREET ADDRESS **2010 59TH STREET WEST, SUITE 4100**
CITY-ST-ZIP **BRADENTON FL 34209**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **OBREGON, ROBERT**
STREET ADDRESS **2010 59TH STREET WEST, SUITE 4400**
CITY-ST-ZIP **BRADENTON FL 34209**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BELSITO, JOHN**
STREET ADDRESS **2902 59TH STREET WEST**
CITY-ST-ZIP **BRADENTON FL 34209**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **LAW, DAVID E**
STREET ADDRESS **2010 59TH STREET WEST, SUITE 4100**
CITY-ST-ZIP **BRADENTON FL 34209**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 supplement to 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

Harris Silverman, MD

Date

1/31/00

Daytime Phone #

941-792-2020

CR2E034 (9/99)