

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060755

1. Entity Name

MEDICAL CENTERS OF TAMPA BAY, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90105 047 ***150.00

Principal Place of Business

2802 W. WATERS AVE.
TAMPA FL 33614

Mailing Address

2802 W. WATERS AVE.
TAMPA FL 33614

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3516722**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TITUS, KEITH
13006 PRESTWICK DR.
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name

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

City

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, 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

TITLE ☐ Delete
NAME D
STREET ADDRESS TITUS, KEITH
CITY- ST- ZIP 13006 PRESTWICK DR.
RIVERVIEW FL 33569

TITLE ☐ Delete
NAME D
STREET ADDRESS FRIEDLANDER, JEFFREY
CITY- ST- ZIP 16408 NORTHDAL OAKES DR.
TAMPA FL 33624

TITLE ☐ Delete
NAME D
STREET ADDRESS WUBBENA, TROY
CITY- ST- ZIP 2965 MAPLE TRACE DR
TARPO SPRINGS FL 34689-2644

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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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

Keith Titus, Vice President 04/20/01 (813) 931-3311

Date

Daytime Phone #

CR2E034 (10/00)