2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000064335**

1. Entity Name

HYDE PARK HEADACHE CENTER, INC.

SCHWARTZ, MICHAEL A MD

9. This corporation is eligible to satisfy its Intangible

SCHWARTZ, MICHAEL MD

210 WEST PLATT STREET

Tax filing requirement and elects to do so.

TAMPA FL 33606

(See criteria on back)

PDST

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

210 W PLATT ST TAMPA FL 33606

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

TITLE

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

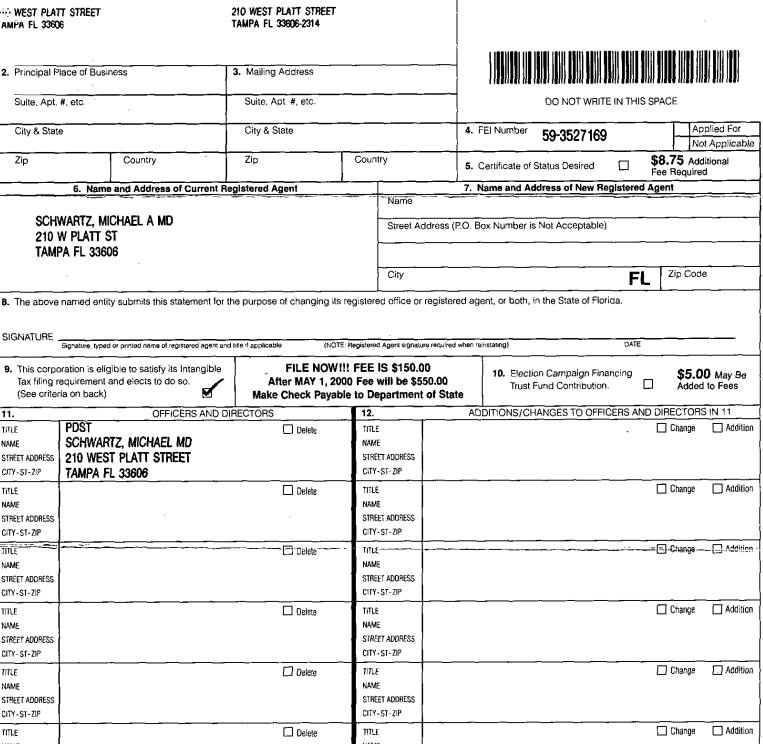
CITY-ST-ZIP

CITY-ST-ZIP

Mailing Address Principal Place of Business 210 WEST PLATT STREET WEST PLATT STREET TAMPA FL 33606-2314 IAMPA FL 33606 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. City & State City & State Zip Zip Country Country 6. Name and Address of Current Registered Agent

FILED May 30, 2000 8:00 am Secretary of State

05-30-2000 90075 037 ***550.00



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

CITY-ST-ZIP

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

Delete

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12.

TITLE

NAME

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NAME

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NAME

STREET ADDRESS

STREET ADDRESS

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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NATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR