

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90725 028 ***150.00

04/22/07 AV

DOCUMENT # P98000064335

1. Entity Name
HYDE PARK HEADACHE CENTER, INC.

B0122522



DO NOT WRITE IN THIS SPACE

Principal Place of Business **Mailing Address**
~~1315 S HOWARD AVE~~ ~~1315 S HOWARD AVE~~
~~STE 101~~ ~~STE 101~~
~~TAMPA FL 33606~~ ~~TAMPA FL 33606~~

2. Principal Place of Business **3. Mailing Address**
13801 BRUCE B DOWNS BLVD. **13801 BRUCE B DOWNS BLVD.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#401 **#401**

City & State **City & State**
TAMPA, FL **TAMPA, FL.**
Zip **Country** **Zip** **Country**
33613 **US** **33613** **US**

4. FEI Number **Applied For**
59-3527169 ☐ **Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SCHWARTZ, MICHAEL A MD
1315 S HOWARD AVE
STE 101
TAMPA FL 33606

7. Name and Address of New Registered Agent
Name **MICHAEL A. SCHWARTZ, MD**
Street Address (P.O. Box Number is Not Acceptable)
13801 BRUCE B DOWNS BLVD.
#401
City **FL** **Zip Code**
TAMPA **33613**

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 **MICHAEL A. SCHWARTZ** **DATE** **3-29-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDST	<input type="checkbox"/> Delete	TITLE	P/D/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, MICHAEL MD		NAME	MICHAEL A. SCHWARTZ	
STREET ADDRESS	1315 S HOWARD AVE STE 101		STREET ADDRESS	13801 BRUCE B DOWNS BLVD., #401	
CITY-ST-ZIP	TAMPA FL 33606		CITY-ST-ZIP	TAMPA, FL. 33613	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 employees.

SIGNATURE: **MICHAEL A. SCHWARTZ** **DATE** **3/29/02** **DAYTIME PHONE #** **813-971-8811**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)