

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**  
03-14-2002 90030 008 \*\*\*150.00

MAINTENANCE

**DOCUMENT # P98000068747**  
1. Entity Name  
**COMPREHENSIVE PRACTICE MANAGEMENT, CORP.**

Principal Place of Business Mailing Address  
**804 HWY 574 E., STE. B** **P.O. BOX 16911**  
**SEFFNER FL** **TAMPA FL 33687**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**201 Seffner Ave.**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Seffner, FL**  
Zip  
**33584**  
Country  
**USA**

City & State  
Zip  
Country

4. FEI Number  
**59-3526654**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**HOLLENBECK, CHARLES R**  
**804 E. HWY 574 STE. B**  
**SEFFNER FL**

## 7. Name and Address of New Registered Agent

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, 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

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | <b>P</b>                     | <input type="checkbox"/> Delete            |
| NAME           | <b>HOLLENBECK, CHARLES R</b> |  |
| STREET ADDRESS | <b>804 E HWY 574 STE B</b>   |  |
| CITY-ST-ZIP    | <b>SEFFNER FL 33584</b>      |  |
| TITLE          | <b>V</b>                     | <input type="checkbox"/> Delete            |
| NAME           | <b>ALONSO, BELINDA</b>       |  |
| STREET ADDRESS | <b>804 E HWY 574 STE B</b>   |  |
| CITY-ST-ZIP    | <b>SEFFNER FL 33584</b>      |  |
| TITLE          | <b>T</b>                     | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>CHILVER, KATHY</b>        |  |
| STREET ADDRESS | <b>804 E HWY 574 STE B</b>   |  |
| CITY-ST-ZIP    | <b>SEFFNER FL 33584</b>      |  |
| TITLE          |                              | <input type="checkbox"/> Delete            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Delete            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Delete            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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:

**BELINDA ALONSO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/27/02 (813) 684-6729**

CR2E034 (9/01)