

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90290 004 \*\*\*150.00

**913597**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # P98000086977**

1. Entity Name

**TAMPA MEDICAL AND THERAPY CLINIC, INC.**

Principal Place of Business

3115 WEST COLUMBUS DRIVE  
SUITE 103  
TAMPA FL 33607

Mailing Address

POST OFFICE BOX 4325  
TAMPA FL 33607

2. Principal Place of Business

2713 W. St. Isabel  
St.

3. Mailing Address

P.O. Box 4325

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

TAMPA, FL

City &amp; State

Tampa, FL

4. FEI Number

59-3536893

Applied For

Not Applicable

Zip

Country

Hillsborough

Zip

Country

Hillsborough

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

AVALOS, CATALINA

3115 W COLUMBUS DR STE 103  
TAMPA FL 336072713 W.  
St. Isabel St.  
Tampa FL, 33607

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
AVALOS, CATALINA C  
3115 WEST COLUMBUS DRIVE  
TAMPA FL 33607 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
AVALOS, ROBERTO  
3115 W COLUMBUS DR STE 103  
TAMPA FL 33607 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (10/00)