

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90109 035 \*\*\*150.00

**DOCUMENT # P98000090158**

1. Entity Name

**ST. MARY'S FAMILY PRACTICE CENTER, P.A.**

Principal Place of Business

**1152 62ND AVENUE SOUTH  
 ST. PETERSBURG FL 33705**

Mailing Address

**1152 62ND AVENUE SOUTH  
 ST. PETERSBURG FL 33705**

2. Principal Place of Business

**1152 - 62nd-ave. south**

3. Mailing Address

**1152 - 62nd-ave. S.**

Suite, Apt. #, etc.

**8**

Suite, Apt. #, etc.

**-**

City & State

**St. Petersburg, FL**

City & State

**St. Petersburg - FL**

Zip

**33705**

Country

**PINELLAS**

Zip

**33705**

Country

**USA**

4. FEI Number

**59-3534929**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SERAG, SHERIF MINA MD  
 1152 62ND AVENUE SOUTH  
 ST. PETERSBURG FL 33705**

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

**no changes**  
 (NOTE: Registered Agent signature required when reinstating)

DATE

**2/11/02**

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>SERAG, SHERIF M</b>	
STREET ADDRESS	<b>1152 62ND AVE SOUTH</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33705</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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	
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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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Phone #

**2/11/02 (827)  
 866-6306**

CR2E034 (9/01)