

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092205

1. Entity Name

HILLSBOROUGH MEDICAL CLINIC, INC.

Principal Place of Business

Mailing Address

8001 N. DALE MABRY  
# 501-F  
TAMPA FL 33614

P.O. BOX 15233  
CLEARWATER FL 33766-5233

2. Principal Place of Business

3. Mailing Address

8001 N. DALE MABRY  
Suite, Apt. #, etc.  
501-F

8001 N. DALE MABRY  
Suite, Apt. #, etc.  
SUITE 501-F

City & State  
TAMPA, FL

City & State  
TAMPA, FL

Zip  
33614

Country

Zip  
33614

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALBINSON, JEFF  
4625 EAST BAY DRIVE SUITE 223  
CLEARWATER FL 34624

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, 2000 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          | D                        | <input checked="" type="checkbox"/> Delete |
| NAME           | WOLSTEIN, BRIAN          |  |
| STREET ADDRESS | P.O. BOX 15233           |  |
| CITY-ST-ZIP    | CLEARWATER FL 33733      |  |
| TITLE          | D                        | <input checked="" type="checkbox"/> Delete |
| NAME           | CONNELLY, FRANK          |  |
| STREET ADDRESS | P.O. BOX 15233           |  |
| CITY-ST-ZIP    | CLEARWATER FL 33766-5233 |  |
| TITLE          | D                        | <input type="checkbox"/> Delete            |
| NAME           | AL-ANDARY, HAZEM F       |  |
| STREET ADDRESS | P.O. BOX 15233           |  |
| CITY-ST-ZIP    | TAMPA FL 33766-5233      |  |
| 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    |                          |  |

|                |                                 |  |
|----------------|---------------------------------|--|
| 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          | D                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | HAZEM F. AL-ANDARY              |  |
| STREET ADDRESS | 8001 N. DALE MABRY, SUITE 501-F |  |
| CITY-ST-ZIP    | TAMPA, FL 33614                 |  |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-25-00 813-915-1860

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90087 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3540405 ☐ Applied For  
☐ Not Applicable

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

CR2E034 (9/99)