

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2001 8:00 am
Secretary of State

08-24-2001 90042 001 ***550.00

0144313 SP

DOCUMENT # P98000092205

1. Entity Name

HILLSBOROUGH MEDICAL CLINIC, INC.

Principal Place of Business

9001 N DALE MABRY

501-F

TAMPA FL 33614

Mailing Address

9001 N DALE MABRY

501-F

TAMPA FL 33614

2. Principal Place of Business

8001 N. DALE MABRY

3. Mailing Address

Suite, Apt. #, etc.

501 F

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip

33614

Country

USA

Zip

33614

Country

USA

4. FEI Number

59-3540405

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBINSON, JEFF

4625 EAST BAY DRIVE SUITE 223

CLEARWATER FL 34624

7. Name and Address of New Registered Agent

Name

Judy Cornett

Street Address (P.O. Box Number is Not Acceptable)

8001 N. Dale Mabry Hwy #501 F

City

Tampa

FL

Zip Code

33614

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

Jeff Albinson Administrator

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-30-01

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 \$550.00

**After September 12, 2001 Fee will be \$750.00
 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 **D** ☐ Delete
 NAME **AL-ANDARY, HAZEM F**
 STREET ADDRESS **8001 N DALE MABRY STE 501-F**
 CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Hazem AlAndary
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 915-1860

Date

Daytime Phone #

CR2E034 (5/01)