

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106745

1. Entity Name

FLORIDA MED CENTER OF COUNTRYSIDE, INC.

FILED

Jan 17, 2001 8:00 am  
Secretary of State

01-17-2001 90074 005 \*\*\*150.00

Principal Place of Business

Mailing Address

3251 MCMULLEN BOATH RD.  
STE 202  
CLEARWATER FL 33761  
US

1399 HAMLET AVENUE  
CLEARWATER FL 33756

2. Principal Place of Business

3251 McMullen Boath Rd

3. Mailing Address

1399 Hamlet Ave

Suite, Apt. #, etc.

Suite 202

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Clearwater FL

Zip  
33761

Country  
U.S.

Zip  
33756

Country  
US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3556449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STUART, AARON  
1399 HAMLET AVENUE  
CLEARWATER FL 33756

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, 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

TITLE D ☐ Delete  
NAME STUART, AARON  
STREET ADDRESS 1399 HAMLET AVENUE  
CITY-ST-ZIP CLEARWATER FL 34616

TITLE VP ☐ Delete  
NAME Ali Saiti  
STREET ADDRESS 1399 Hamlet Ave  
CITY-ST-ZIP Clearwater, FL 33756

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Change ☒ Addition  
NAME Ali Saiti  
STREET ADDRESS 1399 Hamlet Ave  
CITY-ST-ZIP Clearwater, FL 33756

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

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

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

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

TITLE ☐ Change ☐ 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

1/9/01

727442-3001

Date

Daytime Phone #

0365525

CR2E034 (10/00)