

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90081 014 ***150.00

DOCUMENT # P99000029875

1. Entity Name
GENTLE CARE OB/GYN, P.A.

Principal Place of Business	Mailing Address
C/O DAVID M. BOGGS 400 NORTH TAMPA STREET, PARK TOWER #2300 TAMPA FL 33602	C/O DAVID M. BOGGS 400 NORTH TAMPA STREET, PARK TOWER #2300 TAMPA FL 33602-4708



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 14521 Bruce B Downs Blvd Suite, Apt. #, etc.		3. Mailing Address Same as Block #2 Suite, Apt. #, etc.	
City & State Tampa		City & State	
Zip 33613	Country USA	Zip	Country

4. FEI Number 593571078	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOGGS, DAVID M 400 NORTH TAMPA STREET, PARK TOWER SUITE 2300 TAMPA FL 33602	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ELLIOT E. CAZES, M.D. 14521 BRUCE B. DOWNS BLVD. TAMPA, FL 33613 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT ELLIOT E. CAZES, M.D. 14521 BRUCE B. DOWNS BLVD. TAMPA, FL 33613 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete <input type="checkbox"/> Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** **4/23/00** **813-910-9663**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)