

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031168

1. Entity Name

FLORIDA PULMONARY & CRITICAL CARE ASSOCIATES, P.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90566 043 ***150.00

Principal Place of Business

Mailing Address

1921 SW 90 AVENUE
 MIAMI FL 33165

1921 SW 90 AVENUE
 MIAMI FL 33165-8245

2. Principal Place of Business

3. Mailing Address

1350 EAST MAIN STREET

1350 EAST MAIN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE A-2

SUITE A-2

City & State

City & State

BARTON, FLORIDA

BARTON, FLORIDA

Zip

Country

Zip

Country

33830

USA

33830

USA

4. FEI Number

65-0911180

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEOANE, MARTHA F.A.
 1921 SW 90 AVENUE
 MIAMI FL 33165

Name

SERGIO B. SEOANE, M.D.

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

4935 IRONWOOD TRAIL

City BARTON,

FL

Zip Code

33830

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

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 ☐ Delete
 NAME D
 STREET ADDRESS SEOANE, SERGIO B MD
 CITY-ST-ZIP 7588 WARNER AVENUE
 RICHMOND HEIGHTS MO 63117-1537

TITLE ☒ Change ☐ Addition
 NAME P/D
 STREET ADDRESS SERGIO B. SEOANE, M.D.
 CITY-ST-ZIP 4935 IRONWOOD TRAIL
 BARTON, FLORIDA 33830

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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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

Date

Daytime Phone #

SERGIO B. SEOANE, M.D. 4/27/00 (863) 519-9661

CR2E034 (9/99)