

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90776 019 \*\*\*158.75

**DOCUMENT # P99000041171**

1. Entity Name  
**VALRICO BRANDON MEDICAL GROUP, INC.**



Principal Place of Business  
**3638 LITHIA PINECREST ROAD  
VALRICO FL 33594**

Mailing Address  
**3638 LITHIA PINECREST ROAD  
VALRICO FL 33594**



2. Principal Place of Business

**2237 Lithia Center Lane  
Valrico Florida**

3. Mailing Address

**2237 Lithia Center Lane  
Valrico Florida**

City & State

**33594 Hillsborough**

City & State

**Valrico Florida**

Zip

Country

Zip

Country

4. FEI Number

**59-3574830**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BEARISON, FRED  
3638 LITHIA PINECREST ROAD  
VALRICO FL 33594**

Name

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

**2237 Lithia Center Lane**

City **Valrico**

**FL**

Zip Code

**33594**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Fred Bearison**  
Signature, typed or printed name of registered agent and title if applicable.

**Fred Bearison**

**3/7/03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **BEARISON, FRED**  
STREET ADDRESS **3638 LITHIA PINECREST ROAD**  
CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **2237 Lithia Center Lane**  
CITY-ST-ZIP **Valrico FL 33594**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Fred Bearison** **3/7/03** **813-662-0123**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)