

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042785

1. Entity Name

FAMILY PHYSICIANS OF TAMPA, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90219 044 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 11531 N. 56TH ST. TAMPA FL 33617	Mailing Address 11531 N. 56TH ST. TAMPA FL 33617
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-3575076	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

6. Name and Address of Current Registered Agent
AROCHO, PEDRO M.D. 10503 CORY LAKE DR. TAMPA FL 33647

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 _____ (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	<input type="checkbox"/> Delete
NAME	P AROCHO, PEDRO M.D.
STREET ADDRESS	10503 CORY LAKE DR.
CITY-ST-ZIP	TAMPA FL 33647
TITLE	<input type="checkbox"/> Delete
NAME	ST SANTIAGO, RAMON M.D.
STREET ADDRESS	17303 EQUESTRIAN TR.
CITY-ST-ZIP	ODESSA FL 33556
TITLE	<input type="checkbox"/> Delete
NAME	D WILBUR, JIMMIE JEAN M.D.
STREET ADDRESS	12300 QUAIL RIDGE DR.
CITY-ST-ZIP	BROOKSVILLE FL 34610
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *X Pedro Archo MD*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/5/01 Daytime Phone #: 813 988 3447

CP2E034 (10/00)