

'2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061139

1. Entity Name

TRI-MED MANAGEMENT, INC.

R

FILED
Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90007 029 ***150.00

Principal Place of Business

631 6TH AVE S
ST PETERSBURG FL 33701

Mailing Address

631 6TH AVE S
ST PETERSBURG FL 33701

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

59-3585792

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

HAGEMEIER, RALPH F
14100 KENSINGTON OAK PLACE
LARGO FL 33774

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. 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 PD
NAME BLACKSHEAR, WILLIAM M
STREET ADDRESS 631 6TH AVE S
CITY-ST-ZIP ST PETERSBURG FL 33701 ☐ DeleteTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VT
NAME HAGEMEIER, RALPH F
STREET ADDRESS 14100 KENSINGTON OAK PLACE
CITY-ST-ZIP LARGO FL 33774 ☐ DeleteTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE SD
NAME ROUSE, LOUISE G
STREET ADDRESS 1455 WILLOW BROOK DR
CITY-ST-ZIP PALM HARBOR FL 34683 ☐ DeleteTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Tri-Med Management, Inc.

William M. Blackshear Jr., M.D.
President

Attachment
P99000061139
A070272

Ralph F. Hagemeyer, Ed.D.
Senior Vice-President

7/27/00

Kindly note:

Enclosed please find completed 2000 Uniform
Business Report (UBR) document # P99000061139.

Although the notice we received indicated "Second Notice"
we (FEI # 59-3585792) did not receive an initial
notice.

Accordingly I called Florida Department of State
Division of Corporations at (850) 488-9000 and explained
the situation. The lady with whom I spoke (Grace)
instructed me to send the form, a check for \$150.00*
and this letter of explanation.

Thank you for your attention to this matter and for
the assistance provided by Grace.

Ralph F. Hagemeyer

* Check enclosed