

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90405 038 ***150.00

DOCUMENT # P99000061139

1. Entity Name
TRI-MED MANAGEMENT, INC.

Principal Place of Business
631 6TH AVE S
ST PETERSBURG FL 33701

Mailing Address
14100 KENSINGTON OAK PLACE
LARGO FL 33774



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1108 Pinchurst Road
 Suite, Apt. #, etc.

3. Mailing Address **Ralph Hagemeyer**
14100 Kensington Oak Place
 Suite, Apt. #, etc.

City & State
Dunedin, Florida

City & State
Largo, FL 33774

4. FEI Number **59-3585792**

Applied For
 Not Applicable

Zip
34698

Country
Pinellas

Zip
33774

Country
Pinellas

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 **Ralph F Hagemeyer**

3/24/02
 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, 2002 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 **PD**
 NAME **BLACKSHEAR, WILLIAM M**
 STREET ADDRESS **631 6TH AVE S**
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE **Chief Executive Officer** ☒ Change ☐ Addition
 NAME **Blackshear, William**
 STREET ADDRESS **67 Windward Island**
 CITY-ST-ZIP **Clearwater, FL 33767**

TITLE **VT**
 NAME **HAGEMEIER, RALPH F**
 STREET ADDRESS **14100 KENSINGTON OAK PLACE**
 CITY-ST-ZIP **LARGO FL 33774**

TITLE **Chief Operating Officer** ☒ Change ☐ Addition
 NAME **Ralph F Hagemeyer**
 STREET ADDRESS **14100 Kensington Oak Place**
 CITY-ST-ZIP **Largo, FL 33774**

TITLE **SD**
 NAME **ROUSE, LOUISE G**
 STREET ADDRESS **1455 WILLOW BROOK DR**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **Chief Financial Officer** ☒ Change ☐ Addition
 NAME **Louise R. Fischer**
 STREET ADDRESS **1455 Willow Brook Dr**
 CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 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: **Ralph F Hagemeyer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/02
 Date

727 595-4095
 Daytime Phone #

CR2E034 (9/01)

Attachment

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK.

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

P9900061139
775763

1008744

SS

03/08/2000 BK 299 PG 673
KARLEEN F. DE BLAKER, CLERK

(APPLICATION NUMBER)

APPLICATION TO MARRY					
1. GROOM'S NAME (First, Middle, Last) JAMES PATRICK FISCHER			2. DATE OF BIRTH (Month, Day, Year) 03/14/1956		
3a. RESIDENCE - CITY, TOWN, OR LOCATION PALM HARBOR		3b. COUNTY PINELLAS	3c. STATE FL	4. BIRTHPLACE (State or Foreign Country) MICHIGAN	
5a. BRIDE'S NAME (First, Middle, Last) LOUISE FRANCES ROUSE			5b. MAIDEN SURNAME (If different) GUASTELLA		6. DATE OF BIRTH (Month, Day, Year) 12/17/1953
7a. RESIDENCE - CITY, TOWN, OR LOCATION PALM HARBOR		7b. COUNTY PINELLAS	7c. STATE FL	8. BIRTHPLACE (State or Foreign Country) NEW YORK	
WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.					
9. SIGNATURE OF GROOM (Sign full name using black ink) James P. Fischer			10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 02/18/2000		
11. SIGNATURE OF OFFICIAL DEPUTY CLERK			12. SIGNATURE OF OFFICIAL (Use black ink) Shirley Wood		
13. SIGNATURE OF BRIDE (Sign full name using black ink) Louise Rouse			14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 02/18/2000		
15. SIGNATURE OF OFFICIAL DEPUTY CLERK			16. SIGNATURE OF OFFICIAL (Use black ink) Shirley Wood		
LICENSE TO MARRY					
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.					
17. COUNTY ISSUING LICENSE PINELLAS		18. DATE LICENSE ISSUED 02/18/2000		19a. DATE LICENSE EFFECTIVE 02/21/2000	19. EXPIRATION DATE 04/21/2000
20a. SIGNATURE OF COURT CLERK OR JUDGE Karleen F. DeBlaker			20b. TITLE CLERK OF CIRCUIT COURT		20c. BY D.C. sn
CERTIFICATE OF MARRIAGE					
I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.					
21. DATE OF MARRIAGE - (Month, Day, Year) MARCH 4, 2000		22. CITY, TOWN, OR LOCATION OF MARRIAGE PALM HARBOR			
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) Donald F. Leininger			23c. ADDRESS (Of person performing ceremony) 2757 ALDERMAN RD., PALM HARBOR, FL		
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) REV. DONALD F. LEININGER			24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) Adrian		
			25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) Carrie M. Brown		
INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED					
GROOM	28. SOCIAL SECURITY NUMBER 261-17-9483	27. RACE WHITE	28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 28a, 28b, and 28c	
				28a. NO. OF THIS MARRIAGE 2	28b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE
					28c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 12/00/1997
BRIDE	30. SOCIAL SECURITY NUMBER 113-46-5750	31. RACE WHITE	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 32, THEN COMPLETE ITEMS 32a, 32b, and 32c	
				32a. NO. OF THIS MARRIAGE 2	32b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE
					32c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 08/00/1990

SEAL

SEAL

SEAL