

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90011 015 \*\*\*150.00

**DOCUMENT # P99000068134**  
**1. Entity Name**  
**HEALTHCARE PARKING SYSTEMS OF SARASOTA, INC.**

**Principal Place of Business**      **Mailing Address**  
**5105 MEMORIAL HWY**      **5105 MEMORIAL HWY**  
**TAMPA FL 33634**      **TAMPA FL 33634**

**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**      **59-3590073**

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**

**MALATIN, MICHAEL D**  
**12106 MARBLEHEAD DRIVE**  
**TAMPA FL 33626**

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

*Mike Malatin, President*

*4-23-02*

**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      ☐ Delete  
NAME      **D**  
STREET ADDRESS      **MALATIN, MICHAEL D**  
CITY-ST-ZIP      **12106 MARBLEHEAD DRIVE**  
**TAMPA FL 33626**

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

TITLE      ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Change      ☐ Addition  
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CITY-ST-ZIP

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TITLE      ☐ Change      ☐ Addition  
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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

*Mike Malatin, President*

*4-23-02*

Date

*813-888-7500*

Daytime Phone #

CR2E034 (9/01)