

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2000 8:00 am
Secretary of State

07-17-2000 90071 032 ***150.00

DOCUMENT # P94000107569
1. Entity Name
 Peterfreund OB-Gyn, Inc. *R.D.*

Principal Place of Business **Mailing Address**
 1202 Palmview Ave.
 Belleair, FL 33756.

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. 1055 S. Ft. Harrison Av
 City & State Clearwater, FL
 Zip 33756 Country U.S.A.

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Peterfreund, David O
 1202 Palmview Ave.
 Belleair, FL 33756

4. FEL Number 59-3612849
Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 1055 S. Ft. Harrison Av
 City Clearwater FL Zip Code 33756

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 *David O. Peterfreund* **DATE** 6/30/00
 (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2000 Fee will be \$350.00**
10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution. ☐ **Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS
President
 David O. Peterfreund, M.D.
 1055 S. Ft. Harrison Ave.
 Clearwater, FL 33756

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition

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: *David O. Peterfreund* **DATE** 6/30/00 **Daytime Phone #** (727) 447-7786
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

Attachment # P99000107619

2062

108174
Bay Area Women's Care
Specializing in Gynecology, Infertility and Obstetrics

David O. Peterfreund, M.D. Patricia A. St. John, M.D. Jeffery E. Jensen, D.O. Gregory L. Todd, M.D. Michael A. Dawson, M.D. Marija Fernandez, M.D.

August 23, 2000

Florida Department of State
Division of corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: P99000107619 Peterfreund OB/GYN, Inc.

Attention: Annual Reports Section

Please find the attached UBR with the additional information you requested. However, the report was mailed to my home address and I did not receive it. My administrator, Linda Cornell called your office and requested a blank form in May in order for us to report the corporation. We are now requesting an address change in order for the form to be received at our office address. I am respectfully asking you to forgive the late fee this year as the address change will insure the forms are received in the right place next year.

Sincerely,



David O. Peterfreund, MD

DOP/lsc

Enclosure

Ft. Harrison Location
1055 S. Ft. Harrison Ave.
Clearwater, FL 33756

Bardmoor Location
8787 Bryan Dairy Rd., Suite 285
Largo, FL 33777

Countryside Location
2753 SR 580, Suite 107
Clearwater, FL 33761

Telephone (727) 447-7786 • Fax (727) 447-5978