

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000107619**1. Entity Name
PETERFREUND OB/GYN, INC.

Principal Place of Business 1202 PALMVIEW AVENUE BELLAIR 33756	FL	Mailing Address 1055 S FT HARRISON AVE CLEARWATER 33756	FL
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2. Principal Place of Business 1202 PALMVIEW AVENUE	3. Mailing Address 1055 S FT HARRISON AVE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State BELLAIR FL	City & State CLEARWATER FL
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Zip 33756	Country US	Zip 33756	Country US
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4. FEI Number 59-3612349	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**PETERFREUND DAVID O**
1055 S FT HARRISON AVE

CLEARWATER FL
33756**7. Name and Address of New Registered Agent**

Name PETERFREUND DAVID OMD.
Street Address (P.O. Box Number is Not Acceptable) 1055 S FT HARRISON AVE
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, M.D.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/26/2001

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 NAME STREET ADDRESS CITY-ST-ZIP	P PETERFREUND DAVID OMD 1055 S FT HARRISON AVE CLEARWATER FL 33756	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSID PETERFREUND DAVID OMD 1055 S FT HARRISON AVE CLEARWATER FL 33756	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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, M.D.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES **04/26/2001**

Date

Daytime Phone #

CR2E034 (11/00)