

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90455 007 ***150.00

DOCUMENT # S56704

1. Entity Name

WEST FLORIDA MEDICAL SPECIALISTS, P.A.

Principal Place of Business

**13910 FIVAY ROAD
SUITE 16
HUDSON FL 34667
US**

Mailing Address

**13910 FIVAY ROAD
SUITE 16
HUDSON FL 34667
US**

2. Principal Place of Business

5622 MARINE PARKWAY

3. Mailing Address

5622 MARINE PARKWAY

Suite, Apt. #, etc.

SUITE 14

Suite, Apt. #, etc.

SUITE 14

City & State

NEW PORT RICHEY FL.

City & State

NEW PORT RICHEY FL.

Zip

34652

Country

USA

Zip

34652

Country

USA

6. Name and Address of Current Registered Agent

**FREEDLAND, CURTIS, D.O.
13910 FIVAY ROAD
SUITE 16
HUDSON FL 34677**

7. Name and Address of New Registered Agent

Name

CURTIS FREEDLAND, D.O.

Street Address (P.O. Box Number is Not Acceptable)

5622 MARINE PARKWAY #14

City

NEW PORT RICHEY

FL

Zip Code

34652

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 \$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 **DP** ☐ Delete
NAME **FREEDLAND, CURTIS D.O.**
STREET ADDRESS **13910 FIVAY RD #16**
CITY-ST-ZIP **HUDSON FL**

TITLE **DS** ☐ Delete
NAME **STAFFETTI, J. M.D.**
STREET ADDRESS **13910 FIVAY RD #16**
CITY-ST-ZIP **HUDSON FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **FREEDLAND, CURTIS D.O.**
STREET ADDRESS **5622 MARINE PKWY. #14**
CITY-ST-ZIP **NEW PORT RICHEY, FL. 34652**

TITLE **DS** ☒ Change ☐ Addition
NAME **STAFFETTI, JOSEPH MD**
STREET ADDRESS **5622 MARINE PKWY. #14**
CITY-ST-ZIP **NEW PORT RICHEY, FL. 34652**

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

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

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

TITLE ☐ 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 another like empowered.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/7/01 (727) 846-7031

Daytime Phone #

CR2E034 (10/00)