

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90162 020 ***150.00

0579887 AV

DOCUMENT # S56704

1. Entity Name
WEST FLORIDA MEDICAL SPECIALISTS, P.A.



Principal Place of Business
**5622 MARINE PARKWAY
SUITE 14
NEW PORT RICHEY FL 34652
US**

Mailing Address
**5622 MARINE PARKWAY
SUITE 14
NEW PORT RICHEY FL 34652
US**



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 **59-3060062**

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

**FREEDLAND, CURTIS, D.O.
5622 MARINE PARKWAY #14
NEW PORT RICHEY FL 34652**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **DS** ☐ Delete
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 **D** ☐ Delete
NAME **Dilip GHANEKAR**
STREET ADDRESS **4037 AUSTON WAY**
CITY-ST-ZIP **Palmdale Harbor, FL 34685**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 4/2/03 (727) 846-7031
Daytime Phone #

CP2E034 (10/02)