## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

S56704 **DOCUMENT #** 

1. Entity Name

WEST FLORIDA MEDICAL SPECIALISTS, P.A.



## **FILED** Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90162 020 \*\*\*150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE DS Delete STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					- COD WE	ا سند								
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   G-ECK HERE IF MAKING CHANGES  Zip   Country   Zip   Country   S. Confided of Status Desired   Mat Application Fee Required  6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   Marrie   Sec. 22 MARINE PARKWAY #14   NEW PORT RICHEY FL 34652   City   FL   Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids, it am familiar with, and accept march obligations of registered agent.   Signature   Sig	5622 MARINE PARKWAY SUITE 14 NEW PORT RICHEY FL 34652		5622 Mari Suite 14 New Port	5622 MARINE PARKWAY SUITE 14 NEW PORT RICHEY FL 34652										
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E. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  FREEDLAND, CURTIS, D.O.  5622 MARINE PARKWAY #14  NEW PORT RICHEY FL 34652  City  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Signature, had a provider nemade entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and acceptathology the obligations of registered agent, or both, in the State of Florida. It am familiar with, and acceptathology the obligations of registered agent, or both, in the State of Florida. It am familiar with, and acceptathology the obligations of registered agent, or both, in the State of Florida. It am familiar with, and acceptathology the obligations of registered agent, or both, in the State of Florida. It am familiar with, and acceptathology the obligations of registered agent, or both, in the State of Florida. It am familiar with, and acceptathology the obligations of registered agent, or both, in the State of Florida. It am familiar with, and acceptathology the obligations of registered agent, or both, in the State of Florida. It am familiar with, and acceptathology the obligations of registered agent, or both, in the State of Florida. It am familiar with, and acceptathology the obligations of registered agent, or both, in the State of Florida. It am familiar with, and acceptathology the obligations of registered agent, or both, in the State of Florida. It am familiar with, and acceptathology the obligations of registered agent, or both, in the State of Florida. It am familiar with, and acceptathology the obligations of registered agent, or both, in the State of Florida. It am familiar with, and acceptathology the obligations of regis	City & Stat	e	City & Sta	City & State			4. FEI Number 59-3060062					_		
Name and Address of New Registered Agent   Name	Zip	Country	Zip		•	5. Cert			ıs Desired			Addi	tional	
FREEDLAND, CURTIS, D.O. \$622 MARINE PARKWAY \$14 NEW PORT RICHEY FL 34652  City FL Zip Code  6. 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  Syndure, have or private many of implaced spare and title il spoicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$350.00  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$350.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS III.  TITLE  NAME  SITER JORISS  STAFFETTI, JOSEPH MD  STAFFET ADDRESS  OTY-ST-2P  TITLE  NAME  STAFFET ADDRESS  OTY-ST-2P		6. Name and Address of Currer	nt Registered Ag				7. Name and Address of New Registered Agent							
Size Address (P.O. Box Number's Not Acceptable)    Size Address (P.O. Box Number's Not Acceptable)					Name									
City   FL   Zip Code		•		Street Address			(P.O. Box Number is Not Acceptable)							
B. 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 hyperal or private degree agent and title if approximate the purpose of changing its registered Agent algorithms required agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE   Signature hyperal or private degree and title if approximate the purpose of changing its registered Agent algorithms required them relationship.   DATE					\ <u>-</u>			<del>_</del> .	-					
SIGNATURE    Signature   Signa			_		City					F	L Zip	Code		
Suprative, byson or printed marken of registered dagent and tibe if applicable. (NOTE: Registered Appent alignative required when initiative)   P.F.	the obligat		for the purpose of	f changing its re	egistered office or	registere	d agent,	or both, in the	State of F	lorida, I a	m familiar	with, a	nd accept	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.		Signature, typed or printed name of registered age	nt and title if applicable	(NOTE: F	Registered Agent signatu	re required v	vhen reinstati	ng)		DATE				
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12. I hereby certify that the information supplied with this filling 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 all other like empowered.