

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90114 006 \*\*\*150.00

**DOCUMENT # S89983**

1. Entity Name

LOUIS ROSA, III, M.D., P.A.

Principal Place of Business

Mailing Address

1102 S FT HARRISON AVENUE  
 CLEARWATER FL 33756  
 US

1102 S FT. HARRISON AVENUE  
 CLEARWATER FL 33775-7969  
 US

2. Principal Place of Business

812 GARFIELD ST

3. Mailing Address

812 GARFIELD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TUPELO MS

City & State

TUPELO MS

4. FEI Number

59-3094473

Applied For

Not Applicable

Zip

38801

Country

US

Zip

38801

Country

U.S.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, GREGORY D.  
 18167 US 19 NO.  
 SUITE 560  
 CLEARWATER FL 34624

7. Name and Address of New Registered Agent

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.

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, 2000 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	PST	<input type="checkbox"/> Delete
NAME	ROSA, LOUIS, III	
STREET ADDRESS	1102 S FT. HARRISON AVENUE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSA, LOUIS III	
STREET ADDRESS	812 GARFIELD ST.	
CITY-ST-ZIP	TUPELO MS 38801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Louis Rosa, III*  
 Jan - 10, 2000

CR2E034 (9/99)

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DO NOT WRITE IN THIS SPACE