

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90340 012 ***150.00

DOCUMENT # S94705

1. Entity Name

910 BRANDON, INC.

Principal Place of Business

**910 OAKFIELD DRIVE
 SUITE 102
 BRANDON FL 33511**

Mailing Address

**910 OAKFIELD DRIVE
 SUITE 102
 BRANDON FL 33511**

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

65-0303976

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

**LORCH, DANIEL G.
 910 OAKFIELD DRIVE
 SUITE 102
 BRANDON FL 33511**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 LORCH, DANIEL G.
 910 OAKFIELD DR #102
 BRANDON FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 POWELL, RICHARD S.
 910 OAKFIELD DR #102
 BRANDON FL**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)

Attachment

8013739

PULMONARY ASSOCIATES OF BRANDON
The Florida Sleep Disorder Center at Brandon

RICHARD S. POWELL, M.D.
DANIEL G. LORCH, JR., M.D.
THOMAS P. HOOKER, D.O.
ARTHUR E. GRAVES, M.D.
SAJEEV P. VETTICHIRA, M.D.



PULMONARY DISEASES
SLEEP DISORDERS
CRITICAL CARE
INTERNAL MEDICINE

Diplomate: American Board of Pulmonary Disease; Critical Care; Internal Medicine

July 10, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee FL 32302-1500

Re: Document #S94705
910 BRANDON, INC.

Department of State:

Please accept the attached payment as the UBR filing fee for 910 Brandon, Inc.

I am the newly employed bookkeeper for this company and I ran across this UBR form. In calling the telephone number listed, I found out that this had not been filed for 2002. The person I talked to was Jo and she said to mail it in right away. Thank you.

Sincerely,

Sharon J Helstrom/Bookkeeper