

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S97798

1. Entity Name
PAUL T. ROSE, MD PA

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90946 031 ***150.00

Principal Place of Business

Mailing Address

~~5622 MARINE PARKWAY~~
~~SUITE #5~~
~~NEW PORT RICHEY FL 34652~~
~~US~~

~~5622 MARINE PARKWAY~~
~~SUITE #5~~
~~NEW PORT RICHEY FL 34652~~
~~US~~

2. Principal Place of Business

3. Mailing Address

5341 Grand Blvd.

5341 Grand Blvd.

Suite, Apt. #, etc.

BLDG 1 #3

Suite, Apt. #, etc.

BLDG 1 #3

City & State.

New Port Richey FL

City & State.

New Port Richey FL

Zip

34652

Country

PASCO

Zip

34652

Country

PASCO



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3094664

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

ROSE, PAUL T.

~~5622 MARINE PARKWAY~~

~~SUITE 5~~

~~NEW PORT RICHEY FL 34652~~

5341 Grand Blvd

BLDG 1 #3

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.

SIGNATURE

Paul T. Rose

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME ROSE, M.D. PAUL T.
STREET ADDRESS 6140 BAYSIDE DR.
CITY-ST-ZIP NEW PORT RICHEY FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 #

CR2E034 (10/00)