

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90050 034 \*\*\*150.00

MAARCO 11

**DOCUMENT # V37004**  
**1. Entity Name**  
**BAY AREA PULMONARY CONSULTANTS, P.A.**

<b>Principal Place of Business</b> 1201 5TH AVENUE NORTH # 206 ST. PETERSBURG FL 33705	<b>Mailing Address</b> 1201 5TH AVENUE NORTH # 206 ST. PETERSBURG FL 33705
---	---



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>4. FEI Number</b> 59-3123999	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**  
**HARVEY, JOHN M. JR.**  
**1201 5TH AVENUE NORTH**  
**# 206**  
**ST. PETERSBURG FL 33705**

**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** \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>HARVEY, JOHN M. JR.</b> <b>1201 5TH AVENUE NORTH, # 206</b> <b>ST. PETERSBURG FL 33705</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>ABEL, WARREN R M.D.</b> <b>1201 5TH AVENUE NORTH, # 206</b> <b>ST. PETERSBURG FL 33705</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>THOMAS, BILL</b> <b>1201 5TH AVE N #206</b> <b>ST PETERSBURG FL 33705</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** John M. Harvey, M.D. **1/22/02** **(727) 822-6661**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)