## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## V38701 **DOCUMENT #**

1. Entity Name



## FILED Mar 17, 2003 8:00 am Secretary of State

	03-17-2003 90720 040 **
·	

SIEVEN	D. HINOLE	.T, M.D., P.A.										
Principal Place of Business 1230 SOUTH MYRTLE AVENUE SUITE 201 CLEARWATER FL 33756 US			1230 Suite Clea US	Mailing Address 1230 SOUTH MYRTLE AVENUE SUITE 201 CLEARWATER FL 33756 US								
	Place of Busine	ess le Ave		iling Address 3 S. Mu	ء الح	2 Ave		E COUNT UNIQUE TELEN HOUSE COUNT UNIX	1 MB1 81011 0101	I DIBUI BIBII I	ifali <b>dia</b> ii lari	
Suite, Apt	<u> </u>			e, Apt. #, etc.	31 110	- 1100		CHECK HERE I	E MAKING I	CHANGES	<b>1</b>	
City & Sta	ito .		City	& State			4 5		· MAKING I			
	water,	, FL	1/1	Clearwater, h			4. FEI Number 59-3124648			Applied For Not Applicable		
Zip 3375	56	Country USA	Zip	3756	Count	ry <b>5A</b>	<b>5</b> . Co	ertificate of Status Desired		8.75 Ad ee Require		
		and Address of Curren					7. Na	ame and Address of New Ro				
			-		Ì	Name						
	lliam R., Jr. Ennedy blvi				-	Street Address (F	O. Bo	x Number is Not Acceptable	ı			
SUITE 140	00				Ī	-						
tampa fi	L 33602			,	ļ	City		•	FL	Zip Coo	ie	
	e named entity itions of registe		or the purp	ose of changing its	registere	d office or registere	ed ager	nt, or both, in the State of Flor	ida. I am fa	miliar with,	and accept	
SIGNATURE						•	٠					
	Signature, typed o	r printed name of registered agen	t and title if app	olicable. (NOTE	: Registered	Agent signature required	when rein	stating)	DATE			
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department of						Election Campaign Final     Trust Fund Contribution			00 May Be d to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.		ADD	ITIONS/CHANGES TO OFF	CERS AND (	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TEVEN B RTLE AVE #201 ER FL 33756		☐ Delete		T ADDRESS ST-ZIP				Change	☐ Addition	
TITLE NAME	0223 41117111			☐ Delete	TITLE				ĺ	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP						T ADDRESS		,				
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREE	T ADDRESS	<u>-</u>		[	Change	☐ Addition	
CITY-ST-ZIP TITLE				☐ Delete	CITY-	ST-ZIP		· · · · · · · · · · · · · · · · · · ·	[	☐ Change	Addition	
NAME Street Address City-St-Zip					STREE CITY-S	T ADDRESS ST-ZIP						
TITLE NAME STREET ADDRESS CITY+ST-ZIP				☐ Delete	TITLE NAME STREE CITY-S	T ADORESS ST-ZIP			[	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP			(	Change	☐ Addition	

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.

**SIGNATURE:** 

Daytime Phone #