

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91595 024 ***150.00

DOCUMENT # V42916

1. Entity Name

Mary L. Steedman, M.D., P.A.

Principal Place of Business

Mailing Address

14505 Bruce B. Downs Blvd.
 Tampa, Florida 33613

2. Principal Place of Business

14505 Bruce B. Downs Blvd.

3. Mailing Address

14505 Bruce B. Downs Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

4. FEI Number

650361342

Applied For

Not Applicable

Zip

33613

Country

USA

Zip

33613

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Nancy Fagginielli
 One Harbor Place
 Suite 500
 Tampa, FL 33602

7. Name and Address of New Registered Agent

Name David M. Rabbottini
 Street Address (P.O. Box Number is Not Acceptable)
 8937 Magnolia Chase Cir.
 City Tampa FL Zip Code 33647

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

David M. Rabbottini

David M. Rabbottini, Office Manager

4-30-01

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

TITLE Director ☐ Delete
 NAME Mary L. Steedman, MD
 STREET ADDRESS 714 S. Brevard Ave.
 CITY-ST-ZIP Tampa, FL 33606

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director ☒ Change ☐ Addition
 NAME Mary L. Steedman, MD
 STREET ADDRESS 8937 Magnolia Chase Cir.
 CITY-ST-ZIP Tampa, FL 33647

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

M L Steedman MD

Mary L. Steedman, M.D. 4-30-01

813-971-8311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)