

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V45247

1. Entity Name

INTERNAL MEDICINE OF ST. ARMANDS CIRCLE, P.A.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90127 039 \*\*\*150.00

Principal Place of Business

Mailing Address

~~400 AVENUE K S.E. SUITE 11~~  
~~WINTER HAVEN FL 33880~~

~~400 AVENUE K S.E. SUITE 11~~  
~~WINTER HAVEN FL 33880-4143~~

2. Principal Place of Business

542 John Ringling Blvd

3. Mailing Address

542 John Ringling Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34236

Country

USA

Zip

34236

Country

USA

4. FEI Number

59-3128341

☒ 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

FEARING, MITCH P.

400 AVENUE K S.E. SUITE 11 542 John Ringling Blvd  
WINTER HAVEN FL 33880 Sarasota, FL 34236

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 Mitch P. Fearing MD/MCJ no 4/15/00

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, 2000 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 ☐ Delete  
NAME P  
STREET ADDRESS FEARING, MITCH P.  
CITY-ST-ZIP 400 AVENUE K S.E. SUITE 11  
WINTER HAVEN FL 33880

TITLE ☒ Change ☐ Addition  
NAME FEARING, MITCH P.  
STREET ADDRESS 542 John Ringling Blvd  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

Mitch P. Fearing MD/MCJ no 4/15/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)