2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State
03-15-2001 90021 013 ***150.00

DOCUMENT # 492229

1. Entity Name
ALFRED H. MOFFETT JR., M.D., P.A.

Principal Place of Business	Mailing Address
MEDICAL PLAZA 401 601 E. DIXIE AVE. LEESBURG FL 34748	MEDICAL PLAZA 401 601 E. DIXIE AVE. LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-1632976 ☐ 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
JANS, RICHARD C 380 W ALFRED ST TAVARES FL 32778	Name DOUGLAS H. MOFFETT Street Address (P.O. Box Number is Not Acceptable) 9545 SILVER LAKE DRIVE City LEESBURG FL Zip Code 347888

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	☐ Delete	TITLE	P/S/D	☒ Change ☐ Addition
NAME	MOFFETT JR., ALFRED H.		NAME	MOFFETT JR., ALFRED H.	
STREET ADDRESS	410 OAK HAMMOCK LANE		STREET ADDRESS	410 OAK HAMMOCK LANE	
CITY-ST-ZIP	LEESBURG FL		CITY-ST-ZIP	LEESBURG FL	
TITLE	ST	☒ Delete	TITLE	V/T/D	☐ Change ☒ Addition
NAME	JANS, RICHARD C		NAME	MOFFETT, DOUGLAS H.	
STREET ADDRESS	380 W ALFRED ST		STREET ADDRESS	9545 SILVER LAKE DRIVE	
CITY-ST-ZIP	TAVARES FL		CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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: ______ Alfred H.Moffett, Jr., M.D. ______ 352-787-1535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #