

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90094 029 ***150.00

DOCUMENT # H69553

1. Entity Name
JOHN B. SULLIVAN, M.D., P.A.

Principal Place of Business C/O JOHN B. SULLIVAN 2215 NEBRASKA AVE., STE 3A FORT PIERCE FL 34950-4888 US	Mailing Address C/O JOHN B. SULLIVAN 2215 NEBRASKA AVE., STE 3A FORT PIERCE FL 34950-4867 US
-----------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1500 SOUTH HIGHWAY A1A Suite, Apt. #, etc	3. Mailing Address 1500 SOUTH HIGHWAY A1A Suite, Apt. #, etc.
---------------------------------------------------------------------------------------	----------------------------------------------------------------------------

City & State VERO BEACH FL	City & State VERO BEACH FL	4. FEI Number 59-2562857	Applied For <input type="checkbox"/> Not Applicable
--------------------------------------	--------------------------------------	------------------------------------	--------------------------------------------------------

Zip 32963	Country INDIAN RIVOR	Zip 32963	Country INDIAN RIVOR	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
---------------------	--------------------------------	---------------------	--------------------------------	----------------------------------------------------------------------------------------------------

6. Name and Address of Current Registered Agent

**SULLIVAN, JOHN B. MD
 2215 NEBRASKA AVENUE, SUITE 3B
 SUITE 3A
 FORT PIERCE FL 34950**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
CHANGE AS ABOVE

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, 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 PD	<input type="checkbox"/> Delete	TITLE SULLIVAN, JOHN B.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SULLIVAN, JOHN B.		NAME	
STREET ADDRESS 2215 NEBRASKA AVE., STE 3A		STREET ADDRESS CHANGE AS ABOVE	
CITY-ST-ZIP FT. PIERCE FL		CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> Delete	TITLE SULLIVAN, JOHN B.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SULLIVAN, JOHN B.		NAME	
STREET ADDRESS 2215 NEBRASKA AVE., #3A		STREET ADDRESS CHANGE AS ABOVE	
CITY-ST-ZIP FT. PIERCE FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: John B. Sullivan M.D. 4-1-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE004 (0-00)