

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02-28-2001 90025 003 ***150.00
H69553

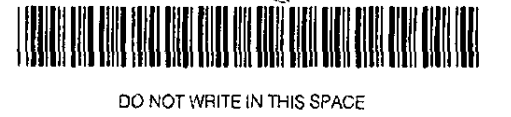
DOCUMENT # H69553

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

01 MAR 14 PM 12:10

Principal Place of Business: 1500 S. HWY A1A, VERO BEACH FL 32963
Mailing Address: 1500 S. HWY A1A, VERO BEACH FL 32963

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-2562857**
Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SULLIVAN, JOHN B. MD
1500 S. HWY A1A
VERO BEACH FL 32963**

7. Name and Address of New Registered Agent
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: *John B. Sullivan M.D., P.A.* DATE: **2-23-01**

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: PD NAME: SULLIVAN, JOHN B. STREET ADDRESS: 1500 S. HWY A1A CITY-ST-ZIP: VERO BEACH FL 32963 | <input type="checkbox"/> Delete |
| TITLE: ST NAME: SULLIVAN, JOHN B. STREET ADDRESS: 1500 S. HWY A1A CITY-ST-ZIP: VERO BEACH FL 32963 | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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., P.A.* DATE: **3-12-01**

561-231-4886

CR2E034 (10/00)