

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 OCT 19 AM 11:20

DOCUMENT # P00000055993

1. Entity Name

Roland Lajoie, M.D., P.A.

Principal Place of Business

Mailing Address

SAME

2815 - 1st Ave. No. Ste. B

St. Petersburg, FL 33713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3654831

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Roland Lajoie, M.D.
2815 - 1st Ave. No. Ste. B
St. Petersburg, FL 33713

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

Signature, word or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

Date

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

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10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Roland M. Lajoie
2815 - 1st Ave. No. Ste. B
St. Petersburg, FL 33713

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200004661592-6

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
****150.00 ****158.00

TITLE
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☐ Change

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/01

