2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 08:00 AM
Secretary of State

DOCUMENT # **P98000077815**

1. Entity Name
THOMAS L. LAWRENCE, M.D., P.A.

Principal Place of Business	Mailing Address
CAPITAL EYE CENTER 7 2535 CAPITAL MEDICAL BLVD. TALLAHASSEE FL 32308	2481 PAPILLION WAY TALLAHASSEE FL 32308

2. Principal Place of Business	3. Mailing Address
THOMAS L. LAWRENCE, M.D., P.A.	3401 CAPITAL MEDICAL BLVD.
Suite, Apt. #, etc.: 3401 CAPITAL MEDICAL BLVD.	Suite, Apt. #, etc.:
City & State: TALLAHASSEE FL	City & State: TALLAHASSEE FL
Zip: 32308 Country:	Zip: 32308 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3531088** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL
33134 US

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 ____________ 04/10/2001
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, 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	PD	☒ Change ☐ Addition
NAME	LAWERENCE THOMAS LMD		NAME	LAWERENCE THOMAS LMD	
STREET ADDRESS	2481 PAPILLION WAY		STREET ADDRESS	4226 AMBER VALLEY DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	VSTD	☐ Delete	TITLE	VSTD	☒ Change ☐ Addition
NAME	LAWERENCE PENNY L		NAME	LAWERENCE PENNY L	
STREET ADDRESS	2481 PAPILLION WAY		STREET ADDRESS	4226 AMBER VALLEY DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP	TALLAHASSEE FL 32312	
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 (11/00)

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: Thomas L. Lawrence Pres 04/10/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #