

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051717

1. Entity Name

DAVID W. GRIFFIN, M.D., P.A.

David W. Griffin, M.D.
979 37th Place
Vero Beach, FL 32960

Principal Place of Business

777 37TH STREET SUITE D105
VERO BEACH FL 32960

Mailing Address

777 37TH STREET SUITE D105
VERO BEACH FL 32960

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

65-0925136

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAPPEL, ROBERT DO, JD
5070 N HWY A1A SUITE 221
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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, DAVID W MD 650 LAGOON ROAD 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
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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/00 (SGL) 778-2009

Signature →

DAVID W. GRIFFIN MD

DAVID W. GRIFFIN MD



DO NOT WRITE IN THIS SPACE

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-16-2000 90005 041 ***150.00

08-31-2000 90111 036 ***400.00

CR2E034 (5/00)



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

attachment # P99000051717

B0104939

Attn ↓

August 16, 2000

DAVID W. GRIFFIN, M.D., P.A.

~~277 37TH STREET SUITE D105~~

VERO BEACH, FL 32960

Orthopaedic Center of Vero Beach
DAVID W. GRIFFIN, M.D.
Citrus Medical Plaza
979 37th Place -- Vero Beach, FL 32960
(561) 778-2009

Subject: ~~DAVID W. GRIFFIN, M.D., P.A.~~

Reference Number: P99000051717

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

*You have the old address -
I did not receive the request
for fee in January -*

*This
was -
the first!*

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/lb

ANNUAL REPORTS SECTION

