

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90045 008 ***150.00

DOCUMENT # S66886

1. Entity Name
H. BUSHNELL CLARKE, M.D., P.A.

Principal Place of Business 1201 5TH AVENUE NORTH SUITE 408 ST. PETERSBURG FL 33705 US	Mailing Address 1201 5TH AVENUE NORTH SUITE 408 ST. PETERSBURG FL 33705-1425 US
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2. Principal Place of Business 603 7th Street South	3. Mailing Address 603 7th Street South
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Suite, Apt. #, etc. # 540	Suite, Apt. #, etc. # 540
City & State St. Petersburg, FL	City & State ST. Petersburg, FL

Zip 33701	Country USA	Zip 33701	Country USA
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4. FEI Number **59-3074009** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARKE, H. B
1201 5TH AVENUE NORTH
SUITE 408
ST. PETERSBURG FL 33705

Name **CLARKE, H. B.**
 Street Address (P.O. Box Number is Not Acceptable)
603 - 7th Street South, Suite 450
 City **ST. PETERSBURG FL** Zip Code **33701**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLARKE, H. BUSHNELL		NAME CLARKE, H. Bushnell	
STREET ADDRESS 1201 - 5TH AVE., N., #408		STREET ADDRESS 603 7th St. S., # 540	
CITY-ST-ZIP ST. PETERSBURG FL		CITY-ST-ZIP St. Petersburg, FL 33701	
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: SIGNATURE Date 2/22/00 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)