

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90043 044 ***150.00

DOCUMENT # S99072

1. Entity Name -
MEDICAL CONSULTANTS OF DUVAL, P.A.

Principal Place of Business 104 S NINELAKE CIRCLE PONTE VEDRA BEACH FL 32082 US	Mailing Address P O BOX 499 PONTE VEDRA BEACH FL 32004 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3098311	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CRAWFORD, JOHN R 225 WATER STREET SUITE 900 JACKSONVILLE FL 32202			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORHEAD, JOHN M. 104 S NINE LAKE CIRCLE PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 M. Moorhead* (**JOHN M. MOORHEAD, M.D.**) 4/27/01 (904) 280-4273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)