

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K93197

1. Entity Name

DOUGLAS K. PIERCE, M.D. P.A.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90067 030 ***150.00

Principal Place of Business

Mailing Address

C/O DOUGLAS K. PIERCE M.D.
1345 WEST BAY DRIVE SUITE 202
LARGO FL 33770-2276
US

C/O DOUGLAS K. PIERCE M.D.
1345 WEST BAY DRIVE SUITE 202
LARGO FL 33770-2276
US

2. Principal Place of Business

3. Mailing Address

C/O Douglas K. Pierce MD
Suite, Apt. #, etc.

C/O Douglas K. Pierce MD
Suite, Apt. #, etc.

8787 Bryan Dairy Rd. #360
City & State

8787 Bryan Dairy Rd #360
City & State

Largo, FL

Largo, FL

Zip
33777

Country
US

Zip
33777

Country
US

4. FEI Number

59-2949132

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

PIERCE, DOUGLAS K. M.D.
1345 WEST BAY DRIVE SUITE 202
LARGO FL 33770

Name

Pierce, Douglas K. M.D.

Street Address (P.O. Box Number is Not Acceptable)

8787 Bryan Dairy Rd., Suite 360

City

Largo,

FL

Zip Code
33777

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 *Douglas K. Pierce, M.D.*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-00

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 PD ☐ Delete
NAME PIERCE, DOUGLAS K. M.D.
STREET ADDRESS 1345 W. BAY DRIVE S-202
CITY-ST-ZIP LARGO FL

TITLE President ☒ Change ☐ Addition
NAME Pierce, Douglas K. M.D.
STREET ADDRESS 8787 Bryan Dairy Rd., Suite 360
CITY-ST-ZIP Largo, FL 33777

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Douglas K. Pierce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(727) 393-4900
Douglas K. Pierce, M.D.
Date Daytime Phone #

CR2E034 (9/99)