2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 460716 1. Entity Name MAGRE, JOSEPH P. M.D. PROFESSIONAL ASSOCIATION Mailing Address Principal Place of Business 228 SOUTH PARK CIRCLE E ~ SOUTH PARK CIRCLE E. ST. AUGUSTINE FL. 32086-5135 - AUGUSTINE FL 32086 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Zip

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

MAGRE, JOSEPH

SIGNATURE

11.

TITLE

NAME

NAME

TITLE

NAME

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NAME STREET ADDRESS

STREET ADDRESS

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(See criteria on back)

PD

228 SOUTH PARK CIRCLE E. ST. AUGUSTINE FL 32086

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

MAGRE, JOAN K.

MAGRE, JOSEPH

228 SO. PARK CIRCLE E.

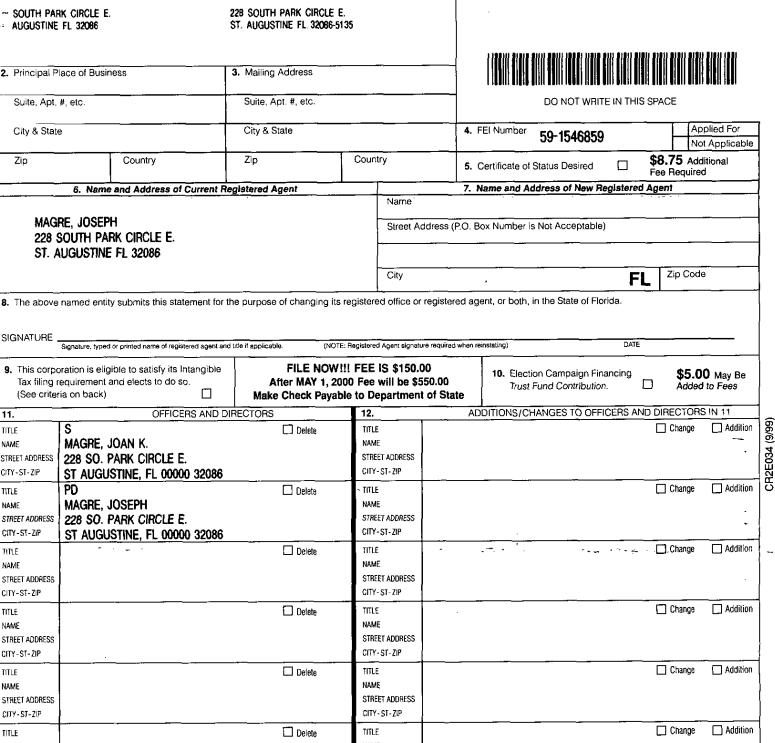
228 SO. PARK CIRCLE E.

ST AUGUSTINE, FL 00000 32086

ST AUGUSTINE, FL 00000 32086

\mathtt{FILED} May 08, 2000 8:00 am Secretary of State

05-08-2000 90198 018 ***150.00



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 attagramment with an address, with all other like empowered.

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITI F

TITLE NAME

TITLE

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TITLE NAME STREET ADDRESS

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SIGNATURE: