## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED **DOCUMENT # 467284** Jul 20, 2000 8:00 am 1. Entity Name DONALD MCMAHON, JR., M. D., P. A. **Secrétary of State** 07-20-2000 90025 008 \*\*\*150.00 Principal Place of Business Mailing Address 1717 NORTH E ST 302 1717 NORTH E ST 302 PENSACOLA FL 32501 PENSACOLA FL 32501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1565753 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCMAHON, DONALD JR. Street Address (P.O. Box Number is Not Acceptable) 1717 NORTH E. STREET SUITE 302 PENSACOLA FL 32501 Zip Code City 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min, will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE Delete TITLE NAME MCMAHON, DONALD JR NAME STREET ADDRESS STREET ADDRESS 1717 E ST CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL Delete ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE \_ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete 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.

467 284 Htt achment OH467884 DONALD McMAHON, JR., M.D., P.A. DW73031

> Gynecology & Ultrasonography Diplomate American Board

1717 North "E' St., Ste 302 Pensacola, Florida 32501 (850) 444-4701 FAX (850) 469-1977

July 13, 2000

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32301-1500

RE: TIMELY FILING OF UNIFORM BUSINESS REPORT

Dear Sir:

We are writing this letter to appeal the fee charged to us for late filing of this report.

Even though the notice says "Second Notice", this is the first notice that we have received. I personally called your listed telephone number of 1-850-488-9000 and spoke to Andy. He advised me to write this letter telling you what happened and to enclose our check for \$150.00 for our filing fee.

Since we never received notification before yesterday, we feel we should not be penalized for late filing and certainly not in the amount of \$550.00.

Sincerely,

Donald McMahon, Jr.,

DM/pn

Enclosure