

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 486989

1. Entity Name

MICHAEL M. MICHAELS, M.D., A PROFESSIONAL ASSOCI

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90059 027 \*\*\*150.00

Principal Place of Business

Mailing Address

PUTNAM MEDICAL ARTS BLDG., SUITE 4  
700 ZEAGLER DRIVE  
PALATKA FL 32177

PUTNAM MEDICAL ARTS BLDG., SUITE 4  
700 ZEAGLER DRIVE  
PALATKA FL 32177-6806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1624551

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

CLARK, RONALD E  
501 ST JOHNS AVENUE  
PALATKA FL 32177

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	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
	S	CLARK, RONALD E	501 ST JOHNS AVENUE							
			PALATKA, FL 00000							
	P	MICHAELS, MICHAEL M	700 ZEAGLER DRIVE							
			PALATKA, FL 00000							
	TREA	MICHAELS DEBRA A	700 ZEAGLER DR							
			PALATKA FL 32177							

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: MICHAEL M. MICHAELS (904) 325-4541  
1/3/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #