

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 503776

1. Entity Name

FLORIDA ARTHRITIS & ALLERGY INSTITUTE, P.A.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90121 001 ***450.00

Principal Place of Business

311 NO CLYDE MORRIS BLVD
STE 510
DAYTONA BCH FL 32114
US

Mailing Address

311 N CLYDE MORRIS BLVD
510
DAYTONA BEACH FL 32114
US

35931

2. Principal Place of Business

3. Mailing Address

311 N CLYDE MORRIS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 510

City & State

City & State

DAYTONA BEACH FL

Zip

Country

Zip

Country

32114

USA

4. FEI Number 59-1669890

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

CALDWELL, JACQUES R., M.D.
335 LAKESHORE DR
DAYTONA BEACH FL 32114

Name

JACQUES R. CALDWELL, M.D.

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

311 N CLYDE MORRIS BLVD STE 510

City

DAYTONA BEACH

FL

Zip Code

32114

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

JACQUES R. CALDWELL, M.D. 4/3/01

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, 2001 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
PD
CALDWELL, JACQUES R.
335 LAKESHORE DR
DAYTONA BEACH FL 32114
311 N CLYDE MORRIS BLVD
SUITE 510

TITLE
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUES R. CALDWELL 4/3/01

Date

386-253-7490

Daytime Phone #

CR2E034 (10/00)