

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 515899

1. Entity Name
H. WYATT MCNEILL, M.D., P.A.

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90370 041 ***150.00

Principal Place of Business

Mailing Address

~~820 PRUDENTIAL DRIVE~~
~~SUITE 502~~
~~JACKSONVILLE FL 32207-8200~~

4234 POINT LAVISTA RD. W.
JACKSONVILLE FL 32207
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4234 Point La Vista Rd W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

4. FEI Number 59-1690251

Applied For

Not Applicable

Zip

32207

Country

USA

Zip

Country

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

MCNEIL, H. WYATT M.D., P.A.

~~820 PRUDENTIAL DR.~~

~~SUITE 502~~

~~JACKSONVILLE FL 32207~~

4234 Point La Vista Rd W
Jacksonville, FL 32207

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, 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 PD ☐ Delete
NAME MCNEILL, H. WYATT
STREET ADDRESS 4234 POINT LA VISTA RD W
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: * H. Wyatt McNeill M.D., P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02
Date

(904) 396-6583
Daytime Phone #

CR2E034 (10/00)