

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 527081

1. Entity Name

WALTER P. SCOTT, M.D., P.A.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90019 024 \*\*\*150.00

Principal Place of Business

Mailing Address

820 PRUDENTIAL DR., STE 110  
 SUITE 110  
 JACKSONVILLE FL 32207

1375 ARAPAHO AVENUE  
 ST. AUGUSTINE FL 32086-3702  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 Health Park Blvd.

Suite, Apt. #, etc.  
 1008

3. Mailing Address

300 Health Park Blvd.

Suite, Apt. #, etc.  
 1008

City & State  
 St Augustine, FL

City & State  
 St Augustine, FL

4. FEI Number 59-1740977

Applied For  
 Not Applicable

Zip Country  
 32086 US

Zip Country  
 32086 US

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

SCOTT, WALTER P MD  
 820 PRUDENTIAL DR., STE 110  
 JACKSONVILLE FL 32207

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 300 Health Park Blvd  
 Suite 1008  
 City St Augustine FL Zip Code 32086

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 PD  
 NAME SCOTT, WALTER P.  
 STREET ADDRESS 836 PRUDENTIAL DR #110  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 300 Health Park Blvd, #1008  
 CITY-ST-ZIP St Augustine, FL 32086

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 CITY-ST-ZIP

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:

WALTER P. SCOTT  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1696 110014 1999