2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Aug 22, 2001 8:00 am
Secretary of State
01-26-2001 90135 017 ***150.00

DOCUMENT # 536959

1. Entity Name
PEDIATRIC ASSOCIATES OF GAINESVILLE, THOMAS M. Z

Principal Place of Business	Mailing Address
6440 W NEWBERRY RD., SUITE 402 GAINESVILLE FL 32605	6440 W NEWBERRY RD., SUITE 402 GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE

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 59-1740311 — 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
ZAVELSON, THOMAS M 6440 W NEWBERRY RD., SUITE 402 GAINESVILLE FL 32605	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 of new or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X

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	VD HELLRUNG, JOHN 6440 W NEWBERRY RD #402 GAINESVILLE, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 32605
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ZAVELSON, THOMAS M 6440 W NEWBERRY RD #402 GAINESVILLE, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 32605
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.D. WYATT, MICHAEL 6440 W NEWBERRY RD #402 GAINESVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10.00)

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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

ORIGINAL DOCUMENT IS PRINTED ON CHEMICAL REACTIVE PAPER & HAS A MICR PRINTED BOR...

PEDIATRIC ASSOCIATES OF GAINESVILLE, INC.
6440 W. NEWBERRY ROAD, SUITE 402
GAINESVILLE, FLORIDA 32605-4376
PHONE 352-333-6500

M&S BANK
M & S BANK
GAINESVILLE, FL
63-673/631

705284 1274
NUMBER

REF: TAXES

*** ONE HUNDRED FIFTY DOLLARS NO CENTS ***

DATE: 1/19/01
AMOUNT: $150.00

PAY TO THE ORDER OF

DEPARTMENT OF STATE
DIVISION OF CORP.
P. O. BOX 1500
TALLAHASSEE, FL 32302-1500

140091030 0200 0209 0 01-30-01

THE REVERSE SIDE OF THIS DOCUMENT INCLUDES AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

⑈001274⑈ ⑆063106734⑆ 0088365⑈ ⑈0000015000⑈

Attachment [redacted]
#536959
77828

Attachment [redacted]

536959

77828

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT# 1000068796
JAN 25 2001

BANK OF AMERICA,NA JAX

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