

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 547045**

1. Entity Name

**ROGER W. SHERMAN, M.D., P.A.****FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90034 007 \*\*\*150.00

Principal Place of Business	Mailing Address
700 DOCTORS COURT LEESBURG FL 34748 US	P.O. BOX 490922 LEESBURG FL 34749-0922 US

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	59-1816861	Applied For
5. Certificate of Status Desired	<input type="checkbox"/>	Not Applicable
		\$8.75 Additional Fee Required

A0004354



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SHERMAN, JOANNE B 425 S. WHITNEY ROAD LEESBURG FL 34748

7. Name and Address of New Registered Agent
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	
TITLE	PD
NAME	SHERMAN, ROGER W.
STREET ADDRESS	425 S WHITNEY ROAD
CITY-ST-ZIP	LEESBURG FL 34748
TITLE	O
NAME	SHERMAN, JOANNE B
STREET ADDRESS	425 S WHITNEY ROAD
CITY-ST-ZIP	LEESBURG FL 34748
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5 Jan 2000 352360031