

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 554871

1. Entity Name

JOHN P. CHRISTIE, M.D., P.A.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90044 048 ***158.75

Principal Place of Business

Mailing Address

8950 N KENDALL DR #301
FL 33174

8950 N KENDALL DR
SUITE 301 W
MIAMI FL 33173-5426
US

C0065503



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7500 SW. 87 AVE #200
MIAMI, FL

425 HAMPTON LN.
KEY BISCAYNE, FL

City & State
MIAMI, FL

City & State
KEY BISCAYNE, FL

4. FEI Number 59-1787504

Applied For
Not Applicable

Zip 33173 Country USA

Zip 33149 Country USA

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

CHRISTIE MD PA, JOHN P
8950 N KENDALL DR SUITE 301 W
MIAMI FL 33176

Name SAME
Street Address (P.O. Box Number is Not Acceptable) 7500 SW. 87 AVE #200
City MIAMI FL 33173

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 *John P. Christie MD*
Signature, typed or printed name of registered agent and title if applicable.

3-20-00
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 NAME STREET ADDRESS CITY-ST-ZIP	P CHRISTIE MD PA, JOHN P 8950 N KENDALL DR #301-W MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHRISTIE MD PA, JOHN P 7500 SW. 87 AVE #200 MIAMI FL 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *John P. Christie MD*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00 (305) 913 0700
Date Signature Phone #

CR2E034 (9/99)