

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90300 049 ***150.00

DOCUMENT # 592121

1. Entity Name
RONALD A. MADDUX, M.D., P.A.

Principal Place of Business
~~400~~ **6056 DOCTOR'S PARK**
MILTON FL 32570

Mailing Address
~~400~~ **6056 DOCTOR'S PARK**
MILTON FL 32570

2. Principal Place of Business
6056 Doctor's Park

3. Mailing Address
6056 Doctor's Park

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Milton, FL

City & State
Milton, FL

Zip
32570

Country

Zip
32570

Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MADDUX, RONALD A.
~~400~~ **DOCTOR'S PARK**
MILTON FL 32570

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6056 Doctor's Park

City
Milton

FL

Zip Code
32570

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 **Ronald A. Maddux, M.D. PA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/02

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, 2002 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** ☐ Delete
NAME **MADDUX, RONALD A., M.D.**
STREET ADDRESS **DOCTOR'S PARK**
CITY-ST-ZIP **MILTON FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **6056 Doctor's Park**
CITY-ST-ZIP **Milton, FL 32570**

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

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NAME
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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: **Ronald A. Maddux, M.D. PA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02 850-623-6848

Date

Daytime Phone #

CR2E034 (9/01)