2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 602729 1. Entity Name RICHARD C. REHMEYER, M.D., P.A. Principal Place of Business Mailing Address 1880 ARLINGTON ST SUITE 206 SARASOTA FL 34239 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country Country Name

FILED May 15, 2000 8:00 am Secretary of State

05-15-2000 90314 029 ***150.00



Suite, Apt. #, etc.			Suite, Ant. #	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
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City & State			City & State	City & State			4. FEI Number 59-1325321			oplied For ot Applicable	
Zip		Country	Zip	Zip Country		5. 0				3.75 Additional e Required	
= +	6. Name	and Address of Curre	nt Registered Agent			7. N	ame and Address of New Re	gistered A	jent		
			•		Name						
REHMEYER, RICHARD C 1880 ARLINGTON ST SUITE 206 SARASOTA FL 34239						Street Address (P.O. Box Number is Not Acceptable)					
						City FL Zip Code					
8 The above	named entit	v submits this statement	for the purpose of ch	nanging its reg	istered office or I	registered age	ent, or both, in the State of Flor	rida.	<u> </u>		
6. 1110 00010	Tiamod onin	, oddinio imo otatomom	a tal and purpose of or	G. Ig. Ig No 10g		-9					
SIGNATURE .		-									
	Signature, typed	or printed name of registered ag	ent and title if applicable.	(NOTE: Re	gistered Agent signatur	e required when re	nstating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!! After MAY 1, 200 Make Check Payable						i0. 00	10. Election Campaign Fine Trust Fund Contribution			May Be to Fees	
11.		OFFICERS AN	ID DIRECTORS		12.	ADI	DITIONS/CHANGES TO OFFI	CERS AND (DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		R, RICHARD C INGTON ST. A FL		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINER, 1888 HILL SARASOT			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	-		·· □	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Andrew Andrews A		☐ 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	eartify that th	a information supplied v		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ed in Section 1	19.07(3)(i), Florida Statutes. I		Change	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2000

941-366-412

Daytime Phone #

CR2E034 (9/99)