

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90053 004 ***150.00

DOCUMENT # 602806

1. Entity Name

ROBERT A. MERRELL, M.D., P.A.

Principal Place of Business

311 N CLYDE MORRIS BLVD

#340

DAYTONA BEACH FL 32114-2763

Mailing Address

311 N CLYDE MORRIS BLVD

#340

DAYTONA BEACH FL 32114-2763



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1620 Mason Ave

3. Mailing Address

Post Office Box 9063

Suite, Apt. #, etc.

Suite B-1

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

Zip

Country

32117

Zip

Country

32120

4. FEI Number

59-1323948

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERRELL JR, ROBERT A.

311 N CLYDE MORRIS BLVD

#580

DAYTONA BEACH FL 32114

Name

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

599 John Anderson Drive

City

Ormond Beach

FL

Zip Code

32176

7. Name and Address of New Registered Agent

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, 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 **MERRELL JR, ROBERT A.**
STREET ADDRESS **311 N CLYDE MORRIS BLVD.**
CITY-ST-ZIP **DAYTONA BEACH FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **599 John Anderson Drive**
CITY-ST-ZIP **Ormond Beach, FL 32176**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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

4-22-02 (386)274-0080

Date

Daytime Phone #

CR2E034 (9/01)