

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-19-2000 90173 023 ***150.00

DOCUMENT # 604638

1. Entity Name

WILLIAM F. SHIPMAN M.D., P.A.

Principal Place of Business

Mailing Address

~~2558 CAPITAL MEDICAL BOULEVARD~~
~~TALLAHASSEE FL 32308~~

~~2558 CAPITAL MEDICAL BOULEVARD~~
~~TALLAHASSEE FL 32308-4506~~

2. Principal Place of Business

3. Mailing Address

S WILLIAM F. SHIPMAN, M.D., P.A.
1871 PROFESSIONAL PARK CIRCLE
TALLAHASSEE, FLORIDA 32308

WILLIAM F. SHIPMAN, M.D., P.A.
1871 PROFESSIONAL PARK CIRCLE
TALLAHASSEE, FLORIDA 32308

Zip Country Zip Country

4. FEI Number **59-1480135**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$875 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIPMAN, W.
2558 CAPITAL MEDICAL BOULEVARD
TALLAHASSEE, FL
TALLAHASSEE FL 32308

WILLIAM F. SHIPMAN, M.D., P.A.
1871 PROFESSIONAL PARK CIRCLE
TALLAHASSEE, FLORIDA 32308

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 *William F. Shipman*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/00

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

880 Timberlane Road
Tallahassee, FL 32312

DIRECTORS IN 11

☒ Change ☐ Addition

CR2E034 (9/99)

11.

OFFICERS AND DIRECTORS

12.

TITLE **PD**
 NAME **SHIPMAN, WILLIAM**
 STREET ADDRESS **1382 TIMBERLANE RD. #A**
 CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE
 NAME
 STREET ADDRESS **880 TIMBERLANE**
 CITY-ST-ZIP **32312**

TITLE **S**
 NAME **SHIPMAN, MARGARET**
 STREET ADDRESS **1382 TIMBERLANE RD. #A**
 CITY-ST-ZIP **TALLAHASSEE, FL 00000**

TITLE
 NAME
 STREET ADDRESS **880 Timberlane**
 CITY-ST-ZIP **32312**

TITLE
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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: *William F. Shipman* **WILLIAM F. SHIPMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00
 Date

850 942 6666
 Daytime Phone #