

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 607772**

Entity Name

SAM E. MYRICK, JR., M.D., P.A.**FILED**
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90059 048 ***150.00

Principal Place of Business

UNIVERSITY BLVD. S**JACKSONVILLE FL 32216**

Mailing Address

3550 UNIVERSITY BLVD. S**#201****JACKSONVILLE FL 32216-4226****US**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number**59-1879237**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****MYRICK, SAM E JR
3550 UNIVERSITY BLVD. S.
SUITE 201
JACKSONVILLE FL 32216****7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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

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****OFFICERS AND DIRECTORS****12.****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD MYRICK, SAM E JR 3550 UNIVERSITY BLVD. S. JACKSONVILLE FL	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/>

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

3-17-00

Date

904-733-5329

Daytime Phone #

CR2E034 (9/99)