

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 607772

1. Entity Name  
SAM E. MYRICK, JR., M.D., P.A.

FILED  
Feb 01, 2001 8:00 am  
Secretary of State

02-01-2001 90160 029 \*\*\*150.00

Principal Place of Business

3550 UNIVERSITY BLVD. S  
#201  
JACKSONVILLE FL 32216  
US

Mailing Address

3550 UNIVERSITY BLVD. S  
#201  
JACKSONVILLE FL 32216  
US

2. Principal Place of Business

3627 UNIVERSITY BLVD. S.

Suite, Apt. #, etc.

Suite # 310

City & State

JACKSONVILLE FL

Zip

32216

Country

USA

3. Mailing Address

3627 UNIVERSITY BLVD. S.

Suite, Apt. #, etc.

Suite # 310

City & State

JACKSONVILLE FL

Zip

32216

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1879237

Applied For

Not Applicable

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

MYRICK, SAM E. JR

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

3627 UNIVERSITY BLVD. S. #310

City

JACKSONVILLE

FL

Zip Code

32216

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MYRICK, SAM E JR 3550 UNIVERSITY BLVD. S. JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3627 UNIVERSITY BLVD. S. #310 JACKSONVILLE FL 32216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

*Sam E. Myrick Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-01

Date

904-398-8006

Daytime Phone #

CR2E034 (10/00)