

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90004 028 \*\*\*150.00

**DOCUMENT # 628882**

1. Entity Name  
**JOHN G. PENN, M.D., P.A.**

Principal Place of Business  
**1925 MIZELL AVE, STE 303**  
**WINTER PARK FL 32792**

Mailing Address  
**1925 MIZELL AVE, STE 303**  
**WINTER PARK FL 32792**

644423



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*1016 Anchorage Ct.*  
 Suite, Apt. #, etc.

3. Mailing Address  
*1016 Anchorage Ct.*  
 Suite, Apt. #, etc.

City & State  
**Winter Park, FL**  
 Zip  
**32789**  
 Country

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4. FCI Number **59-1919281** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PENNM JOHN G.**  
**1925 MIZELL AVE, STE 303**  
**WINTER PARK FL 32792**

Name  
**John G. Penn, M.D.**  
 Street Address (P.O. Box Numbers Not Acceptable)  
**1016 Anchorage Court**  
 City  
**Winter Park** Zip  
**32789**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstated)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back)

**FILE DOWN FEE IS \$100.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PD PENN, JOHN G. 1925 MIZELL AVE STE 303 WINTER PARK FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PD Penn, John G. 1016 Anchorage Court Winter Park, FL 32789</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	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)(f), 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: *John G. Penn* **JOHN G. PENN.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-18-2001** Daytime Phone # **(407)628-4259**

CR2E034 (10/00)