2000 UNIFORM BUSINESS REPORT (UBR)

800022/00-90006-023-$550.00-$550.00

FILED
00 OCT -2 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 665978

1. Entity Name
RAYMOND A. ARMSTRONG, M.D., P.A.

Principal Place of Business	Mailing Address
1331 S. VALETINE ST. C/O RAYMOND A. ARMSTRONG MELBOURNE FL 32901	1331 S. VALETINE ST. C/O RAYMOND A. ARMSTRONG MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3420 Medical Park Dr.	P.O. Box 4043
Suite, Apt. #, etc.: STE 10B	Suite, Apt. #, etc.
City & State: Monroe, La.	City & State: Monroe, La.
Zip: 71203 Country: USA	Zip: 71211-4043 Country: USA

4. FEI Number: 59-2006007 ☐ 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
ARMSTRONG, RAYMOND A. 1331 S. VALETINE ST. MELBOURNE FL 32901	Name: ARMSTRONG, RAYMOND A. MR P.F. Nyhan Street Address (P.O. Box Number is Not Acceptable): 3420 Medical Park Dr. Ste 10B 1800 W. Hibiscus City: Monroe, La. Melbourne FL FL Zip Code: 71203 32901

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: Ray Armstrong Philip F. Nyhan 9/25/00 8/17/200
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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	PSD ARMSTRONG, RAYMOND A. 1331 S. VALETINE ST. MELBOURNE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD ARMSTRONG, RAYMOND A. 3420 Medical Park Dr. STE 10B Monroe, La. 71203	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mr P.F. Nyhan, Director 1800 W. Hibiscus Blvd Melbourne, FL 32901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS	☐ Change ☐ Addition

CR2E034 (5/00)

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 REQUIRED Ray Armstrong 08/17/2000 (318) 651-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #