

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Mar 02, 2001 8:00 am
Secretary of State

01-26-2001 90152 032 ***150.00

DOCUMENT # 665978

1. Entity Name

RAYMOND A. ARMSTRONG, M.D., P.A.

Principal Place of Business

Mailing Address

**3420 MEDICAL PARK DR
STE. 108
MONROE LA 71203**

**P.O. BOX 4043
MONROE LA 71211-4043
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**MOHER, PHILIP D F.
1331 S. VALETINE ST.
MELBOURNE FL 32901**

Name: **MOHER, PHILIP D F.**
Street Address (P.O. Box Number is Not Acceptable)
1300 W. Hibiscus
Suite 138
City: **Melbourne, Fla** FL Zip Code **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

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

[Signature]
(NOTE: Registered Agent signature required when reinstating)

8 Jan 01
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 **PSD** ☐ Delete
NAME **ARMSTRONG, RAYMOND A.**
STREET ADDRESS **1331 S. VALETINE ST.**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **D** ☐ Delete
NAME **MOHER, P D**
STREET ADDRESS **1800 W HIBISCUS BLVD**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **MOHER, P.D.** **Spelling**
STREET ADDRESS **1800 W. Hibiscus Blvd**
CITY-ST-ZIP **Melbourne, Fla 32901**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. A. ARMSTRONG
Date

8 Jan 01
Daytime Phone #

CR2ED34 (10/00)