

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 681583

1. Entity Name

CLINICAL PHYSIOLOGY ASSOCIATES, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90393 003 \*\*\*150.00

Principal Place of Business	Mailing Address
4110 CENTER POINTE DE. STE 219 C/O DAVID D. MICHIE 1. MYERS FL 33916	1377 WAINWRIGHT WAY C/O DAVID D. MICHIE FT. MYERS FL 33919-2253 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2000392	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MICHIE, DAVID D. 1377 WAINWRIGHT WAY FT. MYERS FL 33919

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST MICHIE, DAVID D 1377 WAINWRIGHT WAY FT MYERS, FL 00000	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
ST- ZIP		STREET ADDRESS	
		CITY- ST- ZIP	
TITLE	VP MICHIE, DONNA 1377 WAINWRIGHT WAY FT. MYERS FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
ST- ZIP		STREET ADDRESS	
		CITY- ST- ZIP	
		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY- ST- ZIP	
		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY- ST- ZIP	
		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY- ST- ZIP	

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:	<i>Donna M. Michie</i>	Donna M Michie	4/20/2000	941 4812634
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (9/99)