

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 09, 2001 8:00 am
Secretary of State

02-06-2001 90309 010 ***150.00

DOCUMENT # 686082

1. Entity Name
EDWARD W.P. SMITH, M.D., P.A.

Principal Place of Business Mailing Address
580 W 8TH ST #7017 MEDICAL CTR PLAZA **580 W 8TH ST #7017 MEDICAL CTR PLAZA**
C/O EDWARD W.P. SMITH **C/O EDWARD W.P. SMITH**
JACKSONVILLE FL 32209 **JACKSONVILLE FL 32209**

2. Principal Place of Business 3. Mailing Address
4479 Baymeadows RD **JARL**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Jacksonville, Florida **JACKSONVILLE FL 32209**
 Zip Country Zip Country
32217 **Duval**

4. FEI Number Applied For
59-2017524 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SMITH, EDWARD W.P.
580 W. 8TH ST., #7017, MEDICAL CENTER PLAZA
JACKSONVILLE FL 32209

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 *Edward W.P. Smith*
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. **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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SMITH, EDWARD W P 580 W 8TH ST #7017 JACKSONVILLE, FL 00000 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | address 4479 Baymeadows Rd Jacksonville, FL 32217 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST SMITH, EDWARD W P 580 W 8TH ST #7017 JACKSONVILLE, FL 00000 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | address 4479 Baymeadows Rd Jacksonville, FL 32217 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD KARTSONIS, JOHN P 580 W 8TH ST #7017 JACKSONVILLE FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | address 4479 Baymeadows Rd Jacksonville, FL 32217 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Edward W.P. Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)