

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90029 022 ***150.00

DOCUMENT # F27075

1. Entity Name

George F. Radimer, M.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2751 Harbor Court

3. Mailing Address
2751 Harbor Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
St. Augustine, FL

City & State
St. Augustine, FL

4. FEI Number
59-2072007

Applied For
☐ Not Applicable

Zip
32095-2947

Country
USA

Zip
32095-2947

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
George F. Radimer, M.D.

Street Address (P.O. Box Number is Not Acceptable)
2751 Harbor Court

City St. Augustine **FL** **Zip Code** 32095-2947

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

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
PD
NAME
Radimer, George F.
STREET ADDRESS
2751 Harbor Court
CITY - ST - ZIP
St. Augustine, FL 32095

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

George F. Radimer, M.D.

(904) 824-3120

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)