

**2000 UNIFORM-BUSINESS REPORT (UBR)**

5/3

**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90088 022 \*\*\*150.00

**DOCUMENT # F34804**

1. Entity Name

**NORMAN B. SELTZER, M.D., P.A.**

*R*

Principal Place of Business

Mailing Address

% NORMAN B SELTZER, M.D. <sup>500</sup>  
 311 N CLYDE MORRIS BLVD SUITE ~~400~~ <sup>480</sup>  
 DAYTONA BEACH FL 32114  
 US

% NORMAN B SELTZER, M.D. <sup>500</sup>  
 311 N CLYDE MORRIS BLVD SUITE ~~400~~ <sup>480</sup>  
 DAYTONA BEACH FL 32114-2766  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2089594**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**SELTZER, NORMAN B., M.D.**  
**311 N. CLYDE MORRIS BLVD.**  
**SUITE ~~500~~ 480**  
**DAYTONA BEACH FL 32114**

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 \_\_\_\_\_ (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 \$150.00**  
**After MAY 1, 2000 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	ST	<input checked="" type="checkbox"/> Delete
NAME	SELTZER, LINDA C	
STREET ADDRESS	311 N. CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA BEACH, FL 00000	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SELTZER, NORMAN B, MD	
STREET ADDRESS	311 N. CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA BEACH, FL 00000	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Gaines, Richard K, MD	
STREET ADDRESS	311 N. Clyde Morris Blvd.	
CITY-ST-ZIP	Daytona Beach, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gaines, Richard K, MD	
STREET ADDRESS	311 N. Clyde Morris Blvd.	
CITY-ST-ZIP	Daytona Beach, FL 32114	
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		

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: *Norman B. Seltzer* **REGISTERED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*13 May 2000*  
 Date Daytime Phone #