

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F53816

1. Entity Name

SHAO, GINCAUSKAS, BENTZ & NALLEY, M.D.'S, P.A.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90025 048 ***150.00

Principal Place of Business

Mailing Address

1717 N.E. ST.
STE 203
PENSACOLA FL 32501-6336
US

1717 N "E" ST
SUITE 203
PENSACOLA FL 32501-6336
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 **59-2166388**

Applied For

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

BENTZ, PHILIP D
1717 N.E. ST., STE 203
PENSACOLA FL 32501

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

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	P	<input type="checkbox"/> Delete
NAME	JAMES H. NALLEY, M.D.	
STREET ADDRESS	1717 N "E" ST STE 203	
CITY-ST-ZIP	PENSACOLA FL 32501-6336	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BENTZ, PHILIP D	
STREET ADDRESS	1717 N "E" ST STE 203	
CITY-ST-ZIP	PENSACOLA, FL 00000 32501-6336	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	GINCAUSKAS, ROLAND J	
STREET ADDRESS	1717 N "E" ST STE203	
CITY-ST-ZIP	PENSACOLA, FL 00000 32501-6336	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ASHMORE, B. WAYNE, M.D.	
STREET ADDRESS	1717 N "E" ST STE 203	
CITY-ST-ZIP	PENSACOLA FL 32501-6336	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PATTON, ROBERT F.	
STREET ADDRESS	1717 N "E" ST STE203	
CITY-ST-ZIP	PENSACOLA FL 32501-6336	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINLEY MD, GAVIN W.	
STREET ADDRESS	1717 N "E" ST STE 203	
CITY-ST-ZIP	PENSACOLA FL 32501 6336	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STARKE, MD, MONICA E	
STREET ADDRESS	1717 N "E" ST 203	
CITY-ST-ZIP	PENSACOLA FL 32501 6336	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PHILIP D BENTZ MD

Date

Daytime Phone #

1/11/00 (850) 438 1848

CR2E034 (9/99)