## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # F82334** THOMAS C. CHURCH, M.D., P.A. 4-25-2001 90177 039 \*\*\*150.00 Principal Place of Business Mailing Address 51 YACHT CLUB DRIVE 51 YACHT CLUB DRIVE C/O THOMAS C. CHURCH. M.D. C/O THOMAS C. CHURCH, M.D. 00040912 FT. WALTON BEACH FL 32548 FT. WALTON BEACH FL 32548 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Ant. #. etc. 4. FEI Number Applied For City & State City & State 59-2189357 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHURCH, THOMAS C., M.D. Street Address (P.O. Box Number is Not Acceptable) 51 YACHT CLUB DRIVE FT. WALTON BEACH FL 32548 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 DATE (NCTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Addition ☐ Delete TITLE CHURCH, THOMAS C MD NAME NAME 51 YACHT CLUB DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT WALTON BCH FL CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITL F Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 logal 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 of the corporation or the receiver or trustee empo-changed, or on an attachment with an address w with all other like en

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME