

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90172 009 ***150.00

DOCUMENT # F86647

1. Entity Name

JAMES A. PLEMMONS, M.D., P.A.

Principal Place of Business

1104 NEBRASKA AVENUE
PALM HARBOR FL 34683

Mailing Address

1104 NEBRASKA AVENUE
PALM HARBOR FL 34683

note change of Address

2. Principal Place of Business

717 VIRGINIA ST.

3. Mailing Address

717 VIRGINIA ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DUNEDIN FL 34698

City & State

DUNEDIN FL

Zip

34698

Country

USA

Zip

34698

Country

USA

4. FEI Number

59-2219974

Applied For

Not Applicable

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

PLEMMONS, JAMES A
1104 NEBRASKA AVENUE
PALM HARBOR FL 34683

Name

J A Plemmons M.D. P.A.

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

717 VIRGINIA STREET

City

DUNEDIN

FL

Zip Code

34698

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, 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 **DP** ☐ Delete
 NAME **PLEMMONS, JAMES A**
 STREET ADDRESS **1104 NEBRASKA AVE.**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

J. A. Plemmons M.D. P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)