2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 17, 2000 8:00 am Secretary of State DOCUMENT # F9900005283 1. Entity Name JOHN P. MCDONOUGH, C.R.N.A., P.C. 07-17-2000 90008 009 ***558.75 Principal Place of Business Mailing Address 2640 UNIVERSITY DR., #130 2640 UNIVERSITY DR., #130 DAVIE FL 33328 DAVIE FL 33328 2. Principal Place of Business 5040 YACHT HARBOR GR 5040 YACHT HARROE CIP DO NOT WRITE IN THIS SPACE #201 City & State City & State 4. FEI Number Applied For 42-1161579 Not Applicable Collien \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent M WONOUGH NOHN MCDONOUGH, JOHN P Street Address (P.O. Box Number is Not Acceptable) 2640 UNIVERSITY DR., #130 DAVIE FL 33328 8. The above named entity submits this statement for the pu bose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) cable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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. **PSD** Change Change TITI F ☐ Delete TITLE Addition | MCDONOUGH, JOHN P NAME NAME 5040 YACHT HARBOLCIR #201 NAPLES, FL 34112 2640 UNIVERSITY DR., #130 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33328 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAMÉ 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 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 of required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachme SIGNATURE: