

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90028 021 ***150.00

DOCUMENT # F99055

1. Entity Name

PULMONARY PHYSICIANS OF GAINESVILLE, P.A.

Principal Place of Business

720 SW 2ND AVENUE
 SUITE 208
 GAINESVILLE FL 32601
 US

Mailing Address

720 SW 2ND AVENUE
 SUITE 208
 GAINESVILLE FL 32601
 US

2. Principal Place of Business

4741 NW 8th AVE

3. Mailing Address

4741 NW 8th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32605

Country

US

Zip

32605

Country

US

4. FEI Number

59-2218698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WYNNE, JAMES W., M.D.

720 SW 2ND AVE

STE 208

GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name

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

4741 NW 8th AVE

City

GAINESVILLE

FL

Zip Code

32605

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, 2002 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

TITLE PD
 NAME WYNNE, JAMES W MD
 STREET ADDRESS 720 SW 2ND AVE STE 208
 CITY-ST-ZIP GAINESVILLE FL ☐ Delete

TITLE VD
 NAME TONNER, JOSEPH A.
 STREET ADDRESS 720 SW 2ND AVE STE 208
 CITY-ST-ZIP GAINESVILLE FL ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 4741 NW 8th AVE
 CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 4741 NW 8th AVE
 CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE ☐ Change ☒ Addition
 NAME VD
 STREET ADDRESS CAMACHO, JORGE
 CITY-ST-ZIP 4741 NW 8th AVE
 GAINESVILLE, FL 32605

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

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

TITLE ☐ Change ☐ 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: X

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge R. Camacho MD. 1/28/02 (352) 375-0302
 Date Daytime Phone

CR2E034 (9/01)