

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G02674**

1. Entity Name

RUFUS M. HOLLOWAY, JR., M.D., P.A.**FILED**
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90037 002 ***150.00

D0016799

DO NOT WRITE IN THIS SPACE

Principal Place of Business RUFUS M. HOLLOWAY, JR., M.D., PA 99 WEST COLUMBIA ORLANDO FL 32806 US		Mailing Address C/O RUFUS M. HOLLOWAY, JR. M.D., PA 99 WEST COLUMBIA ORLANDO FL 32806 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 59-2230809		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARD, CRAIG B., ESQUIRE 16 SOUTH MAGNOLIA AVE. ORLANDO FL 32801		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLOWAY, RUFUS M. JR. 99 WEST COLUMBIA ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)