

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G13098

1. Entity Name

NORTH FLORIDA CHEST PHYSICIANS, P.A.

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90114 027 \*\*\*150.00

Principal Place of Business

Mailing Address

1801 BARRS ST., SUITE 400  
JACKSONVILLE FL 32204

1801 BARRS ST., SUITE 400  
JACKSONVILLE FL 32204-4723

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2237411**

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

MCDONAGH, DENNIS J.  
1801 BARRS STR  
STE 400  
JACKSONVILLE FL 32204

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 Dennis J. McDonagh

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-00

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	MCDONAGH, DENNIS J.	
STREET ADDRESS	1801 BARRS ST. #400	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MENTZ, WILLIAM M.	
STREET ADDRESS	1801 BARRS ST. 400	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WYZAN, DANIEL	
STREET ADDRESS	1801 BARRS ST. #400	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KRAWTZ, STEVEN	
STREET ADDRESS	1801 BARRS ST. #400	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-00

Date

904-3896800

Daytime Phone #

CR2E034 (9/99)