

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G13098

1. Entity Name

NORTH FLORIDA CHEST PHYSICIANS, P.A.

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90074 021 ***150.00

Principal Place of Business
1801 BARRS ST., SUITE 400
JACKSONVILLE FL 32204

Mailing Address
1801 BARRS ST., SUITE 400
JACKSONVILLE FL 32204

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 59-2237411

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	MCDONAGH, DENNIS J.	NAME	
STREET ADDRESS	1801 BARRS ST. #400	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD	TITLE	
NAME	MENTZ, WILLIAM M.	NAME	
STREET ADDRESS	1801 BARRS ST. 400	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD	TITLE	
NAME	WYZAN, DANIEL	NAME	
STREET ADDRESS	1801 BARRS ST. #400	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	TITLE	
NAME	KRAWTZ, STEVEN	NAME	
STREET ADDRESS	1801 BARRS ST. #400	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-01

Date

Daytime Phone #

CR2E034 (10/00)