

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90322 030 \*\*\*150.00

**DOCUMENT # G36874**

1. Entity Name  
**DAVID S. RAUSCHENBERGER, M.D., P.A.**

Principal Place of Business <b>% DAVID S. RAUSCHENBERGER, M.D.</b> <b>P.O BOX 741125</b> <b>ORANGE CITY FL 32774</b> <b>US</b>	Mailing Address <b>% DAVID S. RAUSCHENBERGER, M.D.</b> <b>P.O BOX 741125</b> <b>ORANGE CITY FL 32774</b> <b>US</b>
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014271



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>59-2289406</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>RAUSCHENBERGER, DAVID S., M.D.</b> <b>215 WHITE DOVE AVENUE</b> <b>ORANGE CITY FL 32763</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAUSCHENBERGER, DAVID S P.O BOX 741125 N/A ORANGE CITY, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *David S. Rauschenberger, M.D.* 1/24/01 (904) 775-0710  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)