

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G43070**

1. Entity Name

BROWN, BRANNAN AND ASSOCIATES, P.A.

Principal Place of Business

5500 N. DAVIS HWY
P.O. BOX 30410
PENSACOLA FL 32503

Mailing Address

5500 N. DAVIS HWY
P.O. BOX 30410
PENSACOLA FL 32503

2. Principal Place of Business

201 E. GOVERNMENT ST
Suite, Apt. #, etc.

3. Mailing Address

P O BOX 30410
Suite, Apt. #, etc.

City & State

PENSACOLA, FL 32501

City & State

PENSACOLA, FL 32503-1410

Zip

32501

Country

US

Zip

32503-1410

Country

US

6. Name and Address of Current Registered Agent

BROWN, THOMAS L
200 NORTHCLIFFE DR
GULF BREEZE FL 32561

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

Thomas L. Brown, M.D. 4/30/2001

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	BROWN, THOMAS L MD	
STREET ADDRESS	200 NORTHCLIFFE DR	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRANNAN, JOHN P	
STREET ADDRESS	2300 OSCEOLA BLVD	
CITY-ST-ZIP	PENSACOLA 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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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	

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:

Thomas L. Brown, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90154 004 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)