

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90017 032 ***158.75

DOCUMENT # G61890

1. Entity Name

B. THOMAS FUSON, M.D., P.A.

Principal Place of Business

C/O B. THOMAS FUSON, M.D.
1133 SE 18TH PL., SUITE 2
OCALA FL 34471
US

Mailing Address

107 NE 1ST AVENUE
OCALA FL 34470-6661
US

2. Principal Place of Business

Suite, Apt. #, etc.

1834 SW 1ST AVE

City & State

OCALA FL

Zip
34474

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2326654

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FUSON, B. THOMAS, M.D.
1133 SE 18TH PL., SUITE 2
OCALA FL 32671

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1834 SW 1ST AVE

City
OCALA

FL

Zip Code
34474

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, 2002 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 ☐ Delete
NAME **DP**
STREET ADDRESS **FUSON, B THOMAS MD**
CITY-ST-ZIP **1133 SE 18 PLACE #2**
OCALA FL 34471

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1834 SW 1ST AVE**
CITY-ST-ZIP **OCALA FL 34474**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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. [Signature] B. THOMAS FUSON, MD 1/13/02 (352) 629-8088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)