

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G89234

1. Entity Name
PETER B. RUY, M.D. P.A.

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90033 015 ***150.00

Principal Place of Business

4170 MUTTER RD
SAINT CLOUD FL 34769
US

Mailing Address

4170 MUTTER RD
SAINT CLOUD FL 34769
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 54-2400843

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

RUY, PETER B., M.D.
205 PARK PLACE BLVD
STE 105
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name RUY PETER B. M.D.

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

4170 MUTTER RD.

City ST. CLOUD

FL

Zip Code 34769

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)

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
NAME RUY, PETER B., M.D.
STREET ADDRESS 205 PARK PL. BLVD. #105
CITY-ST-ZIP KISSIMMEE FL 34741 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PETER B. RUY, M.D.P.
NAME
STREET ADDRESS 4170 MUTTER RD.
CITY-ST-ZIP ST. CLOUD FL 34769 ☐ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Peter B. Ruy, M.D. P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01 (407) 957-1847
Date Daytime Phone #

CR2E034 (10/00)