2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

H31436 DOCUMENT

1. Entity Name

JAMES M. DONOHOE, JR., P.A.



FILED Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90101 045 ***150.00

THE STA

Principal Place of Business 4001 NEWBERRY RD SUITE C-1 GAINESVILLE FL 32607-2380		40001 Suite	Mailing Address 40001 NEWBERRY RD. SUITE C-1 GAINESVILLE FL 32607-2380									
2. Principal P	ace of Business	3. Mai	3. Mailing Address						II BJUII DIUII			
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State	9	City	City & State			4. F	4. FEI Number 59-2465309				Applied For Not Applicable	
Zip	Country		Zip Cou		try	5. 0				8.75 Adde Require		
	6. Name and Address of Curre	nt Registere	ed Agent			· 7.00	Name and Addres	s of New Regi	stered Ag	ent		
			Name									
DONOHOE, JAMES M., JR. 4001 NEWBERRY RD. SUITE C-1					Street Add	iress (P.O. B	lox Number is Not	Acceptable)				
	LE FL 32607-2380											
									FL	Zip Cod	e	
8. The above the obligat SIGNATURE	named entity submits this statement ons of registered agent. Signature, typed or printed name of registered agent. LE NOW!!! FEE IS \$150.00	ent and title if app	· No care records		- ;	egistered ago	einstating) 9. Election Ca	ampaign Financ	DATE		-	
	May 1, 2003 Fee will be \$550.0 Payable to Florida Department				•		-	Contribution.			i to Fees;	
10.	OFFICERS AN	ND DIRECTO	RS	11.		AD	DITIONS/CHANG	ES TO OFFICE		_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSC DONOHOE, JAMES M., JR. 4001 NEWBERRY RD. SUITE C GAINESVILLE FL 32607-2380	2-1	Delete						[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	Addition	
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indicated on this report or 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 suppliemental 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 10 or Block 11 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 PRECIOR DATES OF SIGNING OFFICER OR PRINTED OR PRINTE

January 20, 2003

Daytime Phone #