## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

## **FILED DOCUMENT # H36385** Mar 28, 2000 8:00 am 1. Entity Name **Secretary of State** CHARLES R. ANTHONY, M.D., P.A. 03-28-2000 90059 032 \*\*\*150.00 Principal Place of Business Mailing Address 5539 MARINE PARKWAY 5539 MARINE PARKWAY P O BOX 1175 P O BOX 1175 NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652-4329 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 59-2479114 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANTHONY, CHARLES R. M.D. Street Address (P.O. Box Number is Not Acceptable) 5539 MARINE PARKWAY **NEW PORT RICHEY FL 34652** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PD Addition ☐ Delete TITLE TITLE ANTHONY, CHARLES R. M.D. NAME 5539 MARINE PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL 34652** CITY-ST-ZIP Addition Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

Daytime Phone #