

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H69553

1. Entity Name

JOHN B. SULLIVAN, M.D., P.A.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90094 029 ***150.00

Principal Place of Business

Mailing Address

C/O JOHN B. SULLIVAN
2215 NEBRASKA AVE., STE 3A
FORT PIERCE FL 34950-4888
US

C/O JOHN B. SULLIVAN
2215 NEBRASKA AVE., STE 3A
FORT PIERCE FL 34950-4867
US

2. Principal Place of Business

1500 SOUTH HIGHWAY A1A

3. Mailing Address

1500 SOUTH HIGHWAY A1A

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

VERO BEACH FL

City & State

VERO BEACH FL

4. FEI Number

59-2562857

Applied For

Not Applicable

Zip

32963

Country

INDIAN RIVER

Zip

32963

Country

INDIAN RIVER

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, JOHN B. MD
2215 NEBRASKA AVENUE, SUITE 3B
SUITE 3A
FORT PIERCE FL 34950

Name

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

CHANGE AS ABOVE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-nesting)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SULLIVAN, JOHN B.	
STREET ADDRESS	2215 NEBRASKA AVE., STE 3A	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SULLIVAN, JOHN B.	
STREET ADDRESS	2215 NEBRASKA AVE., #3A	
CITY-ST-ZIP	FT. PIERCE 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANGE AS ABOVE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANGE AS ABOVE	
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:

John B. Sullivan M.D.

4-1-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Report #

CR0004 (0/00)