## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED DOCUMENT # H79163** Jan 21, 2000 8:00 am **Secretary of State** ARTHUR N. MOXON, M.D., P.A. 01-21-2000 90117 011 \*\*\*150.00 Principal Place of Business Mailing Address 400 HEALTH PARK DRIVE 6357 PUTNAM ST ST AUGUSTINE FL 32084-7661 ST. AUGUSTINE FL 32084 **ՄՄՄՄԾՄԿՄ** 3. Mailing Address 2. Principal Place of Business Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Suite. Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2585113 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARLTON, FIELDS W Street Address (P.O. Box Number is Not Acceptable) 1 HARBOUR PL ONE HARBOUR PLACE **TAMPA FL 33601** 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) 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. Change ☐ Addition PSTD ☐ Delete TITLE TITLE MOXON, AUTHUR N NAME NAME STREET ADDRESS STREET ADDRESS 6357 PUTNAM ST CITY-ST-ZIP CITY-ST-7IP ST AUGUSTINE FL 32084 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ∠ ☐ Addition 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-7IP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS 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 That 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 distance on bowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if haddens, with all the rike emproped. indicated on this report or supplemen of the corporation or the receiver or changed, or on an attachment w