

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J23354

1. Entity Name

THE GAINESVILLE UROLOGY CENTER, P.A.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90046 024 ***150.00

Principal Place of Business

Mailing Address

% CLARK GADDY, M.D.
720 SW 2ND AVE. S-300
GAINESVILLE FL 32601

% CLARK GADDY, M.D.
720 SW 2ND AVE. S-300
GAINESVILLE FL 32601-1212

2. Principal Place of Business

3. Mailing Address

4340 NEWBERRY ROAD

4340 NEWBERRY ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 203

SUITE 203

City & State

City & State

GAINESVILLE, FL

GAINESVILLE, FL

Zip

Country

Zip

Country

32605

U.S.

32605

U.S.

4. FEI Number

59-2690467

Applied For

Not Applicable

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

GADDY, CLARK, M.D.
720 SW 2ND AVE
SUITE 300
GAINESVILLE FL 32601

Name

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

4340 NEWBERRY ROAD, SUITE 203

City
GAINESVILLE

FL

Zip Code
32605

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

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 NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, GADDY, M.D. 720 SW 2ND AVENUE GAINESVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4340 NEWBERRY ROAD, SUITE 203 GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *X*

CLARK, D. Gaddy, M.D.

Date

Daytime Phone #

1-31-00 352-374-4223

CR2E034 (9/99)