

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J49799

1. Entity Name

MICHAEL D. LUSK, M.D., P.A.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90260 028 ***150.00

Principal Place of Business

681 GOODLETTE RD N
SUITE 210
NAPLES FL 34102
US

Mailing Address

681 GOODLETTE RD N
SUITE 210
NAPLES FL 34102-5612
US

2. Principal Place of Business

2455 Tarpon Rd

Suite, Apt. #, etc.

3. Mailing Address

2455 Tarpon Rd

Suite, Apt. #, etc.

City & State

Naples FL

Zip

34102

Country

USA

City & State

Naples FL

Zip

34102

Country

USA

4. FEI Number

59-2710834

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUSK, MICHAEL D.

681 GOODLETTE ROAD NORTH, #210
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

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

2455 Tarpon Rd

City Naples

FL

Zip Code

34102

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

TITLE D ☐ Delete
NAME LUSK, MICHAEL D.
STREET ADDRESS 681 GOODLETTE ROAD, NORTH #210
CITY-ST-ZIP NAPLES FL

TITLE S ☒ Delete
NAME CARTER, PAM
STREET ADDRESS 681 GOODLETTE ROAD, NORTH #210
CITY-ST-ZIP NAPLES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2455 Tarpon Rd
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition
NAME Lusk, Kari L.
STREET ADDRESS 2455 Tarpon Rd.
CITY-ST-ZIP NAPLES, FL 34102

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

Date

941/732-6411

Daytime Phone #

CR2E034 (9/99)