

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # K11085**1. Entity Name
JULIAN E. ALLEN, M.D., P.A.

Principal Place of Business 1801 BARRS STREET SUITE #620 JACKSONVILLE FL 32204	Mailing Address 1801 BARRS STREET SUITE #620 JACKSONVILLE FL 32204
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2. Principal Place of Business 1801 BARRS STREET	3. Mailing Address 1801 BARRS STREET
Suite, Apt. #, etc. SUITE 620	Suite, Apt. #, etc. SUITE 620

City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32204	Country

4. FEI Number
59-2863093
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**ALLEN, JULIAN E.**
975 CHICKADEE LANE

ORANGE PARK FL 32073**7. Name and Address of New Registered Agent**Name
ALLEN JULIAN E
Street Address (P.O. Box Number is Not Acceptable)
975 CHICKADEE LANE

City
ORANGE PARK FL 32073

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 **JULIAN E. ALLEN****03/28/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, JULIAN E. 975 CHICKADEE LANE ORANGE PARK FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR ALLE JULIAN E 975 CHICKADEE LANE ORANGE PARK FL 32073	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: **Julian E. Allen**

Dr

03/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)