# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 15, 2002 8:00 am**
**Secretary of State**
01-15-2002 90080 044 ***150.00

DOCUMENT # K35940

1. Entity Name
JOHN DANIEL GRIGAS, M.D., P.A.

Principal Place of Business
800 PRUDENTIAL DR
JACKSONVILLE FL 32207

Mailing Address
800 PRUDENTIAL DR
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-2930551 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**
DOYLE, WILLIAM E.
1200 GULF LIFE DRIVE
SUITE 700
JACKSONVILLE FL 32207

**7. Name and Address of New Registered Agent**
Name JOHN DANIEL GRIGAS
Street Address (P.O. Box Number is Not Acceptable)
800 PRUDENTIAL DR
City JACKSONVILLE FL Zip Code 32207

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 _____ DATE 1/7/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 | D ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | GRIGAS, JOHN DANIEL | NAME | |
| STREET ADDRESS | 1922 RIVER ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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:** _____ J.D. GRIGAS 1/7/02 904 396 6406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)