

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90106 050 \*\*\*150.00

**DOCUMENT # K99461**

1. Entity Name  
**WILLIAM L. NYMAN, M.D., P.A.**

Principal Place of Business % WILLIAM L. NYMAN M D 5539 MARINE PKWY/P O BOX 1175 NEW PORT RICHEY FL 34656-8175	Mailing Address % WILLIAM L. NYMAN M D 5539 MARINE PKWY/P O BOX 1175 NEW PORT RICHEY FL 34656-1175
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number <b>59-2957320</b>	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip	Country	Zip	Country

<b>6. Name and Address of Current Registered Agent</b>  NYMAN, WILLIAM L., M.D. 5539 MARINE PARKWAY SUITE 3 NEW PORT RICHEY FL 34652	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_  
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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NYMAN, WILLIAM L MD 5539 MARINE PKWY NEW PORT RICHEY FL <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: WILLIAM L. NYMAN **4-10-00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20034 (9/99)