

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009702

1. Entity Name
CROUCH & DUNN, M.D., PLC

Principal Place of Business Mailing Address
155 SOUTH HALIFAX AVENUE 155 SOUTH HALIFAX AVENUE
DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

CROUCH, EUGENE M M.D.
155 SOUTH HALIFAX AVENUE
DAYTONA BEACH FL 32118

4. FEI Number 59-3661800 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Luckey Dunn MGR
155 S HALIFAX Ave
Daytona Bch, FL 32118

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Eugene Crouch MGR
155 S. HALIFAX Ave
Daytona Bch, FL 32118

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
000004562670-2
08/29/01-01091-008

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Susie Swain MGR
155 S HALIFAX Ave
Daytona Bch, FL 32118

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
*****50.00 *****50.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Date Daytime Phone #

FILED

01 AUG 24 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (5/01)