

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90360 026 ***150.00

DOCUMENT # L08610
 1. Entity Name
BRUCE JOSTEN, D.O., P.A.

| | |
|---|---|
| Principal Place of Business 2622 JENKS AVE PANAMA CITY FL 32405 | Mailing Address 2622 JENKS AVE PANAMA CITY FL 32405 |
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

A0070776

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-2937750 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|----------------------------------|---------------------------------------|
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
|----------------------------------|---------------------------------------|

6. Name and Address of Current Registered Agent
DIANE C. HARE, CPA
 3003 S HWY 77
 SUITE A
 LYNN HAVEN FL 32444

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 _____
 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 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 NAME STREET ADDRESS CITY - ST - ZIP | D JOSTEN, BRUCE 4623 N SHORE RD LYNN HAVEN FL 32444 | Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | Change Addition |
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CR2E034 (11/00)

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:  **Bruce Josten** 4-29-01 850-784-3621
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #