

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L12824

1. Entity Name

OCALA FAMILY PHYSICIANS, P.A.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90126 045 ***150.00

Principal Place of Business

% GLEN MORGAN, M.D.
2760 SE 17TH ST SUITE 300
OCALA FL 34471
US

Mailing Address

% GLEN MORGAN, M.D.
2760 SE 17TH ST SUITE 300
OCALA FL 34471
US

00007000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3515 SE 17th St

Suite, Apt. #, etc.

100

City & State

Ocala, FL

Zip

34471

Country

USA

3. Mailing Address

3515 SE 17th St

Suite, Apt. #, etc.

100

City & State

Ocala, FL

Zip

34471

Country

USA

4. FEI Number 59-2971956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORGAN, GLEN, M.D.
2555 S.E. 28TH ST.
OCALA FL 34471

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

TITLE P
NAME MORGAN, GLEN
STREET ADDRESS 2555 SE 28TH ST
CITY-ST-ZIP Ocala FL

☐ Delete

TITLE V
NAME LIEBELT, DONALD W
STREET ADDRESS 4328 SW 26TH TERR RD
CITY-ST-ZIP Ocala FL 34480

☐ 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 Ocala, FL 34471

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 4328 SE 26th Terr Rd

☐ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)