

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L24861

1. Entity Name

CITRUS CHEST AND LUNG SPECIALISTS, P.A.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90099 006 ***150.00

Principal Place of Business	Mailing Address
310 S. LINE AVE 308 S. LINE AVENUE INVERNESS FL 34452 US	310 S. LINE AVE 308 S. LINE AVENUE INVERNESS FL 34452-4606 US

2. Principal Place of Business	3. Mailing Address
310 S. LINE AVE	310 S. LINE AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
INVERNESS, FL	INVERNESS, FL
Zip	Zip
34452	34452
Country	Country
USA	USA

4. FEI Number	59-2974057	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CAMPBELL, STEPHEN D. 308 S. LINE AVENUE INVERNESS FL 32652

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
310 S. LINE AVE
INVERNESS, FL
City
INVERNESS
FL
Zip Code
34452

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 <u>Stephen D. Campbell, M.D. (President)</u> DATE <u>2/1/2000</u>
<small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<p>FILE NOW!!! FEE IS \$150.00</p> <p>After MAY 1, 2000 Fee will be \$550.00</p> <p>Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> <p>\$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT	TITLE	
NAME	CAMPBELL, STEPHEN D.	NAME	
STREET ADDRESS	310 S. LINE AVE	STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	CITY-ST-ZIP	
TITLE	VS	TITLE	
NAME	KNAPP, MARK J.	NAME	
STREET ADDRESS	310 S. LINE AVE	STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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: <u>Stephen D. Campbell, M.D. (President)</u>	DATE: <u>2/1/2000</u>	DAYTIME PHONE #: <u>(352) 637-5678</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

CR2E034 (9/99)