

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L24861

1. Entity Name

CITRUS CHEST AND LUNG SPECIALISTS, P.A.

Principal Place of Business

310 S. LINE AVE
INVERNESS FL 34452
US

Mailing Address

310 S. LINE AVE
INVERNESS FL 34452
US

2. Principal Place of Business

318 S. LINE AVE

Suite, Apt. #, etc.

3. Mailing Address

318 S. LINE AVE

Suite, Apt. #, etc.

City & State

INVERNESS, FL

City & State

INVERNESS, FL

Zip

34452

Country

Zip

34452

Country

4. FEI Number

59-2974057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

CAMPBELL, STEPHEN D.

Street Address (P.O. Box Number is Not Acceptable)

318 S. LINE AVE

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

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 PT ☐ Delete
NAME CAMPBELL, STEPHEN D.
STREET ADDRESS 310 S. LINE AVE
CITY-ST-ZIP INVERNESS FL

TITLE VS ☐ Delete
NAME KNAPP, MARK J.
STREET ADDRESS 310 S. LINE AVE
CITY-ST-ZIP INVERNESS FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME CAMPBELL, STEPHEN D.
STREET ADDRESS 318 S. LINE AVE
CITY-ST-ZIP INVERNESS, FL 34442

TITLE V ☒ Change ☐ Addition
NAME KNAPP, MARK J.
STREET ADDRESS 318 S. LINE AVE
CITY-ST-ZIP INVERNESS, FL 34452

TITLE T/S JAVIER-NEGRIN, LUIS ☐ Change ☒ Addition
NAME
STREET ADDRESS 318 S. LINE AVE
CITY-ST-ZIP INVERNESS, FL 34442

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

STEPHEN D. CAMPBELL, President (352) 637-5678

Date 4/10/2001

Daytime Phone #

5678

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90037 023 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)