

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L55021

1. Entity Name

AYRES JONES ATLANTIC UROLOGICAL ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

545 HEALTH BLVD.  
DAYTONA BEACH FL 32114

545 HEALTH BLVD.  
DAYTONA BEACH FL 32114-1493

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3003251

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, B. THOMAS M.D.  
545 HEALTH BLVD.  
DAYTONA BEACH FL 32114

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, 2000 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 PD  
NAME JONES, WILLIAM R M.D.  
STREET ADDRESS 545 HEALTH BLVD  
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☒ Delete

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

TITLE VD  
NAME BROWN, THOMAS B., M.D.  
STREET ADDRESS 545 HEALTH BLVD  
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete

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

TITLE VD  
NAME DINEEN, MARTIN K M.D.  
STREET ADDRESS 545 HEALTH BLVD  
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete

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

TITLE TD  
NAME WESCOTT, JOHN W M.D.  
STREET ADDRESS 545 HEALTH BLVD  
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete

TITLE PD  
NAME Wescott, JOHN W. MD  
STREET ADDRESS 545 Health Blvd.  
CITY-ST-ZIP Daytona Beach, FL 32114 ☒ Change ☐ Addition

TITLE SD  
NAME CANTWELL, ANTHONY L M.D.  
STREET ADDRESS 545 HEALTH BLVD  
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ 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

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

John W. Wescott, MD

3-21-00

Date

904 239 3500

Daytime Phone #

CR20014 (9/99)