

DOCUMENT # **L56689**

1. Entity Name  
**ALAN S. KRIMSLEY, M.D., P.A.**

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90097 017 \*\*\*150.00

Principal Place of Business      Mailing Address  
**% ALAN S. KRIMSLEY, M.D.**      **% ALAN S. KRIMSLEY, M.D.**  
**408 SW MAGNOLIA COVE**      **408 SW MAGNOLIA COVE**  
**PORT ST. LUCIE FL 34986**      **PORT ST. LUCIE FL 34986**



DO NOT WRITE IN THIS SPACE

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      **65-0182478**      Applied For  
Not Applicable  
5. Certificate of Status Desired      ☐      **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KRIMSLEY, ALAN S., M.D.**  
**408 SW MAGNOLIA COVE**  
**PORT ST. LUCIE FL 34986**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>KRIMSLEY, ALAN S., M.D.</b><br><b>408 SW MAGNOLIA COVE</b><br><b>PT. ST. LUCIE FL</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Alan S. Krimsley M.D.*      **Alan S. Krimsley, M.D. 1/14/01 561-340-1504**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)