

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L92472

1. Entity Name

DAUGHTRY, EASTRIDGE & KATONA, M.D., P.A.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90360 033 ***150.00

Principal Place of Business 3345 BURNS RD SUITE 105 PALM BEACH GARDENS FL 33410	Mailing Address 3345 BURNS RD SUITE 105 PALM BEACH GARDENS FL 33410
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0223262	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KATONA, JOHN 3345 BURNS RD STE 105 P940000586864S FL	7. Name and Address of New Registered Agent Name: Robert Eastridge Street Address (P.O. Box Number is Not Acceptable): 3345 Burns Road Suite 105 City: Palm Beach Gardens FL Zip Code: 33410
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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: *Robert Eastridge* DATE: 1/15/01
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: SP NAME: EASTRIDGE, ROBERT M.D. STREET ADDRESS: 3345 BURNS RD #105 CITY-ST-ZIP: PALM BEACH GRDNS FL	<input type="checkbox"/> Delete	TITLE: P.D. NAME: P.D. STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: DAUGHTRY, JAMES M.D. STREET ADDRESS: 3345 BURNS RD #105 CITY-ST-ZIP: PALM BEACH GRDNS FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: KATONA, JOHN M.D. STREET ADDRESS: 3345 BURNS RD #105 CITY-ST-ZIP: PALM BEACH GRDNS FL	<input checked="" type="checkbox"/> Delete <i>no longer a director</i>	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert Eastridge 1/15/01 561-622-4900

CR2E034 (10/00)

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