2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900004612 1. Entity Name BEVERLY A. HEINKING, D.O., P.L.C.				DIVISION OF CORPORTATE	-	
1522 S. OHIO AVENUE 152		Mailing Address 1522 S. OHIO AVENUE LIVE OAK FL 32060-4514		DIVISION OF STATE OO FEB 22 PM 12: 57		
2. Principal P	lace of Business	3. Mailing Address				
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State Ci		City & State	· · · · · · · · · · · · · · · · · · ·	4. FEI Number Applied For Not Applicable		
Zip Country Zip		Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
Name						
HEINKING, BEVERLY A 1522 S. OHIO AVENUE			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
LIVE OAK	FL 32060					
			City	FL z	ip 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						
		Make Check Paya	W!!! FEE IS \$50.00 able to Department	of State		
9.	MANAGING MEMBE		10.	ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEINKING, BEVERLY A ROUTE 1, BOX 416-7 LAKE CITY FL	C. Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	60000316195 -03/08/0001010	0 020 (
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP	M 3/2/00	hanga Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- 8T- ZIP		changa	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Belate	TITLE MAME STREET ADDRESS GITY-ST-ZIP	[] C	Changa Maddition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Delista	TITLE NAME STREET ADDRESS GITY-ST-ZIP	c	hange [Addition	
TITLE MAME STREET ADDRESS CITY-ST-Z(P		C Deleto	TITLE MAME STREET ADDRESS CITY-ST-ZIP	C	hange Addition	
indicated	Letrify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have the	e same legal effect as if	Section 119.07(3)(i), Florida Statutes. I further certify the finade under oath: that I am a managing member or mapter 608, Florida Statutes.	at the information nanager of the	