

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90113 011 ***150.00

DOCUMENT # M88502

1. Entity Name
JOHN F. BREEN, M.D., P.A.

Principal Place of Business Mailing Address
2509 W. CREST AVE. **2509 W. CREST AVE.**
TAMPA FL 33614 **TAMPA FL 33614-6804**

2. Principal Place of Business 3. Mailing Address
2814 W. VIRGINIA AVENUE **2814 W. VIRGINIA AVENUE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
TAMPA FL **TAMPA FL** **59-2912585** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
33607 **USA** **33607** **USA** Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
BREEN, JOHN, MD Name
2509 W. CREST AVE. Street Address (P.O. Box Number is Not Acceptable)
TAMPA FL 33614 **2814 W. VIRGINIA AVENUE**
 City State Zip Code
TAMPA **FL** **33607**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD BREEN, JOHN F. 2509 W. CREST AVE. TAMPA FL 33614 <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
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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, title or other like empowers.

SIGNATURE: 5/1/00 813-877-1688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)