

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M92382

1. Entity Name:
MERRITT-TITUS, P.A.

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90015 027 ***150.00

0055529

771920



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1855 KNOX MCRAE DR.
1917 KNOX MCRAE DRIVE
TITUSVILLE FL 32780
US

Mailing Address
1855 KNOX MCRAE DR.
1917 KNOX MCRAE DRIVE
TITUSVILLE FL 32780
US

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 59-2901079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KINSELLA, ANTHONY
1855 KNOX MCRAE DR
TITUSVILLE FL 32780

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent's 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, 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 P
NAME KINSELLA, ANTHONY M.D.
STREET ADDRESS 3560 S PARK AVE
CITY-ST-ZIP TITUSVILLE FL ☐ Delete

TITLE T
NAME FLAHERTY, JOHN W. M.D.
STREET ADDRESS 725 ACORN ST
CITY-ST-ZIP MERRITT ISLAND FL ☐ Delete

TITLE V
NAME PEREZ, JUAN J MD
STREET ADDRESS 800 CENTURY MEDICAL DR
CITY-ST-ZIP TITUSVILLE FL 32796 ☐ Delete

TITLE S
NAME VAN EATON, LEONARD W MD
STREET ADDRESS 6875 RIVEREDGE DR
CITY-ST-ZIP TITUSVILLE FL 32780 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

5/24/01

Date

321/269-2028

Daytime Phone #

CR2E034 (10/00)