

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98213

1. Entity Name

COE, DUERR, MCIVER, SMITH & CAREY, M.D.'S, P.A.

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 90016 021 \*\*\*150.00

Principal Place of Business

5151 N 9 AVE  
 PENSACOLA FL 32504  
 US

Mailing Address

PO BOX 11184  
 PENSACOLA FL 32524-1184  
 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 **59-2904727**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETER MCIVER  
 416 MONTROSE BLVD  
 GULF BREEZE FL 32561

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.

(NOTE: Registered Agent 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **MCIVER, PETER K.**  
 STREET ADDRESS **416 MONTROSE BLVD**  
 CITY-ST-ZIP **GULF BREEZE FL**

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

TITLE **D** ☐ Delete  
 NAME **DUERR, ANN E.**  
 STREET ADDRESS **7406 CAMALE DR**  
 CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **D** ☐ Delete  
 NAME **CAREY, DANNY L**  
 STREET ADDRESS **5682 MEADOWLARK CR**  
 CITY-ST-ZIP **MILTON FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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:

*Ann E Duerr MD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/01 (850) 477-7977*

Date

Daytime Phone #

CR2E034 (10/00)