

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37220

1. Entity Name

MONROE COUNTY OSTEOPATHIC MEDICAL ASSOCIATION, I

Principal Place of Business

Mailing Address

P.O. BOX 1107
TAVERNEIER FL 33070
US

P.O. BOX 1107
TAVERNIER FL 33070-1107
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

65-0189031

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

~~BARD, DEAN A DO
108 SAN MARCO DR
ISLAMORADA FL 33036~~

Name **DEAN A. BARD DO**

Street Address (P.O. Box Number is Not Acceptable)

105 GIARDINO DR

City **ISLAMORADA**

FL

Zip Code **33036**

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 **DEAN A. BARD DO**

Dean A. Bard DO

5/1/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME **BARD, DEAN**
STREET ADDRESS **108 SAN MARCO DR**
CITY-ST-ZIP **ISLAMORADA FL**

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

TITLE **PD** ☐ Delete
NAME **COLE, JERRY**
STREET ADDRESS **6401 GULF OF MEXICO BLVD, 6-401 SEAWATCH**
CITY-ST-ZIP **MARATHON FL**

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

TITLE **D** ☐ Delete
NAME **PAPSIDERO, JOHN H**
STREET ADDRESS **13365 OVERSEAS HWY**
CITY-ST-ZIP **MARATHON 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

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CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIG DEAN A. BARD DO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90078 045 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)