

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000167

1. Entity Name

MID-FLORIDA INFECTIOUS DISEASE, P.A.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90180 044 ***150.00

Principal Place of Business

Mailing Address

400 HWY 27, NORTH
DAVENPORT FL 33837

400 HWY 27, NORTH
DAVENPORT FL 33837

2. Principal Place of Business

550 US Hwy 27 North

3. Mailing Address

550 US Hwy 27 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davenport FL

City & State

Davenport FL

4. FEI Number

59-3615965

Applied For

Not Applicable

Zip

33837

Country

USA

Zip

33837

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RYAN, JAMES P
400 HWY 27, NORTH
DAVENPORT FL 33837

7. Name and Address of New Registered Agent

Name

James P. Ryan, MD

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

550 US Hwy 27 North

City

Davenport

FL

Zip Code

33837

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

2/18/00

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

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☐ 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

Date

Daytime Phone #

CR2E034 (9/99)