

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 14, 2001 8:00 am  
Secretary of State

04-14-2001 90018 042 \*\*\*150.00

DOCUMENT # P00000024593

1. Entity Name

JAMES C. DOZIER, M.D., P.A.

Principal Place of Business

4813 WOOD DUCK CIRCLE  
VERO BEACH FL 32967

Mailing Address

4813 WOOD DUCK CIRCLE  
VERO BEACH FL 32967

2. Principal Place of Business

10129 Spyglass Lane  
Suite, Apt. #, etc.

3. Mailing Address

10129 Spyglass Ln.  
Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

4. FEI Number

65-0991124

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DOZIER, JAMES C M.D.  
4813 WOOD DUCK CIRCLE  
VERO BEACH FL 32967

Name

DOZIER, JAMES C. M.D.

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

10129 Spyglass Lane

City

Port St. Lucie

FL

Zip Code

34986

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

J. C. Dozier

JAMES C. DOZIER

4/10/01

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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	DOZIER, JAMES C M.D.	
STREET ADDRESS	4813 WOOD DUCK CIRCLE	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOZIER, JAMES C. M.D.		
STREET ADDRESS	10129 Spyglass Lane		
CITY-ST-ZIP	Port St. Lucie, Florida 34986		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
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:

J. C. Dozier

JAMES C. DOZIER, MD

Date

Daytime Phone #

4/10/01

561 429 2220

CR2E034 (10/00)