

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000029857**

1. Entity Name

NATURE COAST FAMILY MEDICINE, P.A.**FILED****Apr 11, 2001 8:00 am**
Secretary of State

04-11-2001 90119 026 ***150.00

Principal Place of Business

**55 PONCE DE LEON BLVD.
BROOKSVILLE FL 34601**

Mailing Address

**4406 HEDGEWOOD AVENUE
SPRING HILL FL 34608**

2. Principal Place of Business

717 BENTON AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BROOKSVILLE, FL

City & State

4. FEI Number

59-3638321

Applied For

Not Applicable

Zip

Country

Zip

Country

34601**USA**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

**SZAFRANSKI, JOHN
55 PONCE DE LEON BLVD.
BROOKSVILLE FL 34601**

Name

JOHN SZAFRANSKI

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

717 BENTON AVENUE

City

BROOKSVILLE**FL**Zip Code
34601

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 State10. 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 **SZAFRANSKI, JOHN**
STREET ADDRESS **4406 HEDGEWOOD AVENUE**
CITY-ST-ZIP **SPRING HILL FL 34606**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **ZIP CODE- 34608**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Szafrański**3/27/01 (352) 799-2142**

Date Daytime Phone #

CR2E034 (10/00)