

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000035136

1. Entity Name
ANDREA FARRIER, D.O., PA

Principal Place of Business 2322 SOUTHERN LITES AVE. LUTZ FL 33549	Mailing Address 2322 SOUTHERN LITES AVE. LUTZ FL 33549
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2. Principal Place of Business 217 CRYSTAL GROVE BLVD.	3. Mailing Address 217 CRYSTAL GROVE BLVD.
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Suite, Apt. #, etc. SUITE 102	Suite, Apt. #, etc. SUITE 102
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City & State LUTZ FL	City & State LUTZ FL
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Zip 33549	Country US	Zip 33549	Country US
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4. FEI Number 59-3636593	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WOLFSON JAY ESQ.
804 EVENINGSIDE CT.

TAMPA FL 33613 US

7. Name and Address of New Registered Agent

Name
FARRIER SEAN E.M.D.
Street Address (P.O. Box Number is Not Acceptable)
2322 SOUTHERN LITES AVE.

City LUTZ FL Zip Code 33549

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 **SEAN E. FARRIER, M.D.**

05/01/2001

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 P	<input type="checkbox"/> Delete
NAME FARRIER ANDREA D.O.	
STREET ADDRESS 2322 SOUTHERN LITES AVE.	
CITY-ST-ZIP LUTZ FL 33549	
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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Andrea Farrier, D.O.**

P **05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)