

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044244

1. Entity Name

MARIANNA MEDICAL ASSOCIATES, INC.

Principal Place of Business

4351 LAFAYETTE ST.
MARIANNA FL 32446

Mailing Address

4351 LAFAYETTE ST.
MARIANNA FL 32446

2. Principal Place of Business

Marianna Medical Associates

3. Mailing Address

P.O. Box 758

Suite, Apt. #, etc.

4351 Lafayette Street

Suite, Apt. #, etc.

City & State

Marianna FL

City & State

Marianna FL

Zip
32448

Country
U.S.

Zip
32447

Country
U.S.

4. FEI Number

59-3647692

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAKER, FRANK A
4431 LAFAYETTE ST.
MARIANNA FL 32446

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 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
D
FULMER, DANIEL E
P. O. BOX 374
GRACEVILLE FL 32440 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CORTES, J. CARLOS
P. O. BOX 758
MARIANNA FL 32447 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 ☐ Change ☐ Addition

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Mikayla R. Matton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01
Date

(850) 526-4700
Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90003 022 ***150.00

A0006529



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)