

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91634 001 ***450.00

DOCUMENT # P00000048964

1. Entity Name
GARY W. JAY, M.D., P.A.

Principal Place of Business 710 MIAMI SPRINGS DRIVE LONGWOOD FL 32779	Mailing Address 710 MIAMI SPRINGS DRIVE LONGWOOD FL 32779
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72795



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 126 BENTREE CIRCLE Suite, Apt. #, etc.	3. Mailing Address 126 BENTREE CIRCLE Suite, Apt. #, etc.
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City & State LAKE MARY FL	City & State LAKE MARY FL	4. FEI Number 59-3645966	Applied For <input type="checkbox"/> Not Applicable
Zip 32746	Country USA	Zip 32746	Country USA

6. Name and Address of Current Registered Agent F & L CORP. 200 LAURA STREET, 3RD FLOOR JACKSONVILLE FL 32201-0240	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		P/O/C GARY W. JAY M.D. 126 BENTREE CIRCLE LAKE MARY FL 32746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		S/T SUZANNE JAY 126 BENTREE CIRCLE LAKE MARY FL 32746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: GARY W. JAY, M.D. **GARY W. JAY, M.D.** 4/30/01 **407-328-1011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)