

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

0607565

DOCUMENT # P00000060171

1. Entity Name

SANDPIPER MEDICAL ASSOCIATES, INC.

08-13-2001 90095 011 ***550.00

Principal Place of Business

**49 OCEAN TERRACE
 ORMOND BEACH FL 32176**

Mailing Address

**49 OCEAN TERRACE
 ORMOND BEACH FL 32176**

C0075240



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

290 Clydemorris Blvd

Suite, Apt. #, etc.

Suite C-2

City & State

Ormond Beach, FL

Zip

32174

Country

USA

3. Mailing Address

290 Clyde Morris Blvd

Suite, Apt. #, etc.

Suite C-2

City & State

Ormond Beach, FL

Zip

32174

Country

USA

4. FEI Number

59-3653024

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, CRAIG A
 49 OCEAN TERRACE
 ORMOND BEACH FL 32176**

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 **D** ☐ Delete
 NAME **MILLER, CRAIG A**
 STREET ADDRESS **49 OCEAN TERRACE**
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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

Sand Piper Medical Assoc. Inc
Craig A Miller 8/6/01 386 623 0517

Date

Daytime Phone #

CR2E034 (10/00)