

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90055 009 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000064303																			
1. Entity Name BRIAN KRUSE, M.D., P.A.																			
Principal Place of Business 8655 HUNTERS CREEK DRIVE SOUTH JACKSONVILLE FL 32256		Mailing Address 8655 HUNTERS CREEK DRIVE SOUTH JACKSONVILLE FL 32256																	
2. Principal Place of Business		3. Mailing Address																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																	
City & State		City & State																	
Zip	Country	Zip	Country																
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																	
KRUSE, BRIAN M.D. 8655 HUNTERS CREEK DRIVE SOUTH JACKSONVILLE FL 32256		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <small>(See criteria on back)</small> <input type="checkbox"/>		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		11. OFFICERS AND DIRECTORS																	
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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: <i>Brian Kruse</i>		1/3/01 904-538-9187																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																	

CR2E034 (10/00)