

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000079502**1. Entity Name
THOMAS LESLIE LAWRENCE, M.D., P.A.

Principal Place of Business 4226 AMBER VALLEY DRIVE TALLAHASSEE FL 32312	Mailing Address 4226 AMBER VALLEY DRIVE TALLAHASSEE FL 32312
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2. Principal Place of Business 3401 CAPITAL MEDICAL BLVD	3. Mailing Address 3401 CAPITAL MEDICAL BLVD
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State TALLAHASSEE FL	City & State TALLAHASSEE FL
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Zip 32308	Country US	Zip 32308	Country US
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4. FEI Number 59-3665476	Applied For 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 AgentSPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE

CORAL GABLES FL 33134
US**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 **THOMAS L. LAWRENCE, M.D.****04/19/2001**

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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV LAWRENCE PENNY L 4226 AMBER VALLEY DRIVE TALLAHASSEE FL 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LAWRENCE THOMAS LMD 4226 AMBER VALLEY DRIVE TALLAHASSEE FL 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: Thomas L. Lawrence, M.D.

PRES

04/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)