

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 30, 2002 8:00 am
Secretary of State

06-30-2002 90230 044 ***150.00

DOCUMENT # **P00000079881**

1. Entity Name

JOHN M. WARNER, MD, PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1220 TWIN BAY DR

Suite, Apt. #, etc.

3. Mailing Address

1220 TWIN BAY DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT WALTON BEACH, FL

Zip

32547

Country

USA

City & State

FT WALTON BEACH, FL

Zip

32547

Country

USA

4. FEI Number

59-3658111

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN M. WARNER, MD, PA

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

1220 TWIN BAY DRIVE

City

FT. WALTON BEACH

FL

Zip Code

32547

**DO NOT WRITE
IN THIS SPACE**

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]

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-31-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.

(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PRESIDENT

NAME

JOHN M. WARNER, MD

STREET ADDRESS

1220 TWIN BAY DRIVE

CITY-ST-ZIP

FT. WALTON BEACH, FL 32547

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

SECRETARY

NAME

NANCY L. WARNER

STREET ADDRESS

1220 TWIN BAY DR.

CITY-ST-ZIP

FT WALTON BEACH, FL 32547

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-31-02

Date

850-863-6743

Daytime Phone #

CR2E034B (12/01)

Attachment B012400
R# P0000079881

JOHN M. WARNER, MD, PA
1220 TWIN BAY DR
FT WALTON BEACH, FL
32547

April 30, 2002

DIV. OF CORPORATIONS
UBR FILINGS
PO Box 1500
Tallahassee, FL 32302

Dear Sirs,

I am enclosing a check for \$150.00 for my
2002 Uniform Business Report Filing. I was unable
to accomplish this online.

My Company Name is JOHN M. WARNER, MD, PA

Document # P 00000079881

EIN # 59-3658111.

Thank you,

John M. Warner, MD