

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098604

1. Entity Name
ANASTASIA FAMILY CARE, P.A.

FILED
Aug 10, 2001 8:00 am
Secretary of State

08-10-2001 90001 030 ***150.00

Principal Place of Business
700 ANASTASIA BLVD.
ST. AUGUSTINE FL 32080

Mailing Address
700 ANASTASIA BLVD.
ST. AUGUSTINE FL 32080

XXXXXXXXXX



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3674809

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISCHER, GARY M.D.
700 ANASTASIA BLVD.
ST. AUGUSTINE FL 32080

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

Gary Fischer M.D. Gary Fischer M.D.

1-22-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FISCHER, GARY M.D.
700 ANASTASIA BLVD.
ST. AUGUSTINE FL 32080 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 or without like empowered.

SIGNATURE:

Gary Fischer M.D. Gary Fischer, M.D.

1-22-01

904-825-4747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/00)

Attachment
DH# P00000098604
A0080847

ANASTASIA URGENT & FAMILY CARE

Dr. Gary Fischer
700 Anastasia Blvd.
St. Augustine, FL 32080
(904) 825-4747 FAX (904) 825-2885

August 3, 2001

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: #P00000098604 Annual Reports Section

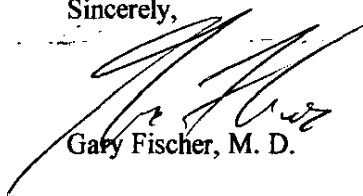
Gentlemen:

I have received your letter dated July 26, 2001 regarding the filing of my annual report/uniform business report. I spoke with your staff today to clarify the situation and determine what must be done at this time. I was advised to submit a check in the amount of \$150.00 along with a letter explaining what happened.

The 2001 Uniform Business Report form was completed and mailed on January 22, 2001 along with my check #1060. I was advised by your staff today that this apparently was never received. I am, therefore, again submitting the UBR form and my check #1477 in the amount of \$150.00.

If any additional information is required or if you should need to speak with me directly, please feel free to contact me by phone, fax, or mail.

Sincerely,



Gary Fischer, M. D.

enclosures