

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90086 009 ***150.00

0472516 AV

DOCUMENT # P00000104314

1. Entity Name

MDY PRIMARY CARE MEDICINE, P.A.

Principal Place of Business

**1705 US HWY 27 N SUITE 104
 DAVENPORT FL 33837**

Mailing Address

**1705 US HWY 27 N SUITE 104
 DAVENPORT FL 33837**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

40124 HWY 27

Suite, Apt. #, etc.

SUITE 104

City & State

DAVENPORT, FL

Zip

33837

Country

3. Mailing Address

40124 HWY 27

Suite, Apt. #, etc.

SUITE 104

City & State

DAVENPORT, FL

Zip

33837

Country

4. FEI Number

59-3681028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BENNETT, BARRY W

60 SECOND STREET S.E.

WINTER HAVEN FL 33880

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, 2002 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 **DOWDY-YEE, MARGARET R**
 STREET ADDRESS **1705 US HWY 27 NORTH STE 104**
 CITY-ST-ZIP **DAVENPORT FL 33837**

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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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

01-10-02

863 422 0032

Date

Daytime Phone #

CR2E034 (9/01)