

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000113732

1. Entity Name
MICHAEL J. MOREJON, M.D., P.A.

Principal Place of Business 14925 NORTHWOOD VILLAGE LANE TAMPA FL 33613	Mailing Address 14925 NORTHWOOD VILLAGE LANE TAMPA FL 33613
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2. Principal Place of Business 925 S. FEDERAL HIGHWAY	3. Mailing Address 925 S. FEDERAL HIGHWAY
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Suite, Apt. #, etc. SUITE 390	Suite, Apt. #, etc. SUITE 390
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City & State BOCA RATON FL	City & State BOCA RATON FL
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Zip 33432	Country	Zip 33432	Country
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4. FEI Number 59-368659	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TAYLOR J. ERIC
101 EAST KENNEDY BLVD. SUITE 2700

TAMPA FL 33602 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 _____ DATE **02/20/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE D	NAME MOREJON MICHAEL J.M.D.	STREET ADDRESS 14925 NORTHWOOD VILLAGE LANE	CITY-ST-ZIP TAMPA FL 33613	<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
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DR.	NAME MOREJON MICHAEL J.M.D.	STREET ADDRESS 925 S. FEDERAL HIGHWAY, SUITE 390	CITY-ST-ZIP BOCA RATON FL 33432	<input checked="" 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
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

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: Michael J. Morejon, M.D. **Dr.** 02/20/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)