

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90064 002 \*\*\*158.75

**DOCUMENT #** P00000117386

1. Entity Name

ARN & ASTON, P.A. ✓

<b>Principal Place of Business</b> 5500 Blanding Boulevard Suite 1 Jacksonville, FL 32244	<b>Mailing Address</b> 5500 Blanding Boulevard Suite 1 Jacksonville, FL 32244
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<b>2. Principal Place of Business</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
<b>City &amp; State</b>	<b>City &amp; State</b>

4. FEI Number  
59-3687066

Applied For  
 Not Applicable

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

- 26617

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 MABM Corporate Services, Inc.  
 One Independent Drive, Suite 3000  
 Jacksonville, FL 32202

**7. Name and Address of New Registered Agent**

Name: Dr. Clifford C. Arn  
 Street Address (P.O. Box Number is Not Acceptable): 5500 Blanding Blvd., Ste 1  
 City: Jacksonville, FL Zip Code: 32244

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: Clifford C. Arn, President DATE: 1/29/01  
Signature, 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/P	<input type="checkbox"/> Delete
NAME	Arn, Clifford C., M.D.	
STREET ADDRESS	5500 Blanding Boulevard, Ste. 1	
CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE	D/VP/S/T	<input type="checkbox"/> Delete
NAME	Aston, Kristi C., M.D.	
STREET ADDRESS	5500 Blanding Boulevard, Ste. 1	
CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Clifford C. Arn, M.D. DATE: 1/29/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)