

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90251 031 ***150.00

DOCUMENT # P01000028212

1. Entity Name
JOAN C. BALES, M.D., P.A.

Principal Place of Business

**520 SW 5TH AVE
WILLISTON FL 32696**

Mailing Address

**520 SW 5TH AVE
WILLISTON FL 32696**

00140713



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

59-373236

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

**BALES, JOAN C
520 SW 5TH AVE
WILLISTON FL 32696**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
NAME **DPVS**
STREET ADDRESS **BALES, JOAN C**
CITY-ST-ZIP **520 SW 5TH AVE
WILLISTON FL 32696**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **BALES, JOAN C**
CITY-ST-ZIP **520 SW 5TH AVE
WILLISTON FL 32696**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(l), 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 REQUIRED
JOAN C. BALES
PRESIDENT

Date

Daytime Phone #

7/15/02

**352 -
528-3770**

CR2E034 (4/02)

Attachment
Dr. # P01000028212
B0128719

JOAN C. BALES, M.D., P.A.
520 S.W. 5TH AVENUE
WILLISTON, FLORIDA 32696

July 5, 2002

To: Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

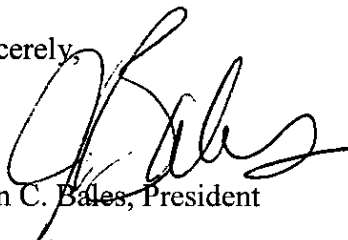
Re: Uniform Business Report
Document #P01000028212
Joan C. Bales, M.D., P.A.

To whom it may concern,

The first notice of Uniform Business Report was not received until June 2002. Please waive the \$400 late fee. This is the first notice of U.B.R. this corporation has received.

If you have any questions, please feel free to contact me at 352-528-3770.

Sincerely,



Joan C. Bales, President