

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90089 009 ***150.00

DOCUMENT # P01000080563

1. Entity Name
PENSACOLA-PULMONARY-ASSOCIATES, P.A.

Principal Place of Business

**2532 ROSEDOWN DRIVE
 CANTONMENT FL 32504**

Mailing Address

**2532 ROSEDOWN DRIVE
 CANTONMENT FL 32504**

2. Principal Place of Business

8333 NORTH DAVIS HWY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6th FLOOR

City & State

City & State

PENSACOLA FL

Zip

Country

Zip

Country

32504

USA

4. FEI Number

59-3738586

Applied For

Not Applicable

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

MITCHELL, WILLIAM R.

3298 SUMMIT BOULEVARD

SUITE 29, JEFFERSON OFFICE PARK

PENSACOLA FL 32503

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **PD**
 STREET ADDRESS **MARK SCOTT, MD**
 CITY-ST-ZIP **8333 N. DAVIS HWY, 6th FLOOR**
PENSACOLA, FL 32514

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Mark Scott, MD**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/2002 **850-471-8154**
 Date Daytime Phone #

CR2E034 (9/01)