

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90663 012 \*\*\*150.00

**DOCUMENT # P01000117800**

1. Entity Name  
**KINGS BAY FAMILY CARE, P.A.**

Principal Place of Business  
**9030 FORT ISLAND TRAIL WEST  
 UNIT #1  
 CRYSTAL RIVER FL 34429**

Mailing Address  
**823 SW KINGS BAY DRIVE  
 CRYSTAL RIVER FL 34429**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**9030 Fort Island Trail West**

Suite, Apt. #, etc.

**Suite #1**

City & State

**Crystal River, FL**

Zip

Country

**34429**

Country

4. FEI Number  
**59-3760438**

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

**MUELLER, MICHAEL B  
 823 SW KINGS BAY DRIVE  
 CRYSTAL RIVER FL 34429**

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 NAME	PSD MUELLER, MICHAEL B	<input type="checkbox"/> Delete
STREET ADDRESS	823 SW KINGS BAY DRIVE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE NAME	T ROSIN, NEIL H	<input type="checkbox"/> Delete
STREET ADDRESS	3520 NW 43RD STREET	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	T Neil H. Rosin	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	500 NW 43rd Street	
CITY-ST-ZIP	Gainesville, FL 32607	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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:

**MUELLER, MICHAEL B**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-2**

Date

Daytime Phone #