

FILED
Aug 22, 2003 8:00 am
Secretary of State

08-22-2003 90101 010 ***558.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000105321

1. Entity Name
JASON R. MCLAUGHLIN, M.D. P.A.



Principal Place of Business
17 CORUNNA ST
ST AUGUSTINE, FL 32084

Mailing Address
17 CORUNNA ST
ST AUGUSTINE, FL 32084

30104295

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
76-0713687

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLAUGHLIN, JASON R MD
17 CORUNNA ST
ST AUGUSTINE, FL 32084

Name
THOMAS F. ASBURY
Street Address (P.O. Box Number is Not Acceptable)
4309 Pablo Oaks Ct., Suite Five
City
Jacksonville **FL** Zip Code
32224

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 resigning)

DATE

8/20/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Amended UBR is \$81.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAUGHLIN, JASON R MD 17 CORUNNA ST ST AUGUSTINE, FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jason R. McLaughlin
Jason R. McLaughlin
Director

8/16/03
Date

c/o
(904) 992-6949
Daytime Phone #

CR2E034 (10/02)



90152295
P02000105321

Alan D. Henderson
Frank R. Keasler Jr.

Robert H. Sturgess
Douglas R. Maxwell

August 20, 2003

VIA FEDERAL EXPRESS OVERNIGHT DELIVERY
TRACKING NUMBER: 840019905103

Division of Corporations
Uniform Business Report Filings
409 East Gaines Street
Tallahassee, FL 32399

Re: Jason R. McLaughlin, M.D., P.A.


Dear Madam/Sir:

Enclosed for filing is the 2003 Uniform Business Report for the above referenced corporation along with our client's check in the amount of \$558.75 representing the filing fee and the fee for a Certificate of Status.

Please acknowledge receipt of these documents by date stamping the enclosed copy of this letter and returning it to us in the self-addressed stamped envelope.

If there are any questions, please contact us; otherwise, we look forward to receiving the Certificate of Status.

Sincerely,
HENDERSON KEASLER LAW FIRM


Kelly S. Kics
Paralegal to Thomas F. Asbury
/kk
Enclosures
cc: Jason R. McLaughlin, M.D., P.A.