

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90211 018 ***150.00

DOCUMENT # P93000054445

1. Entity Name
JOHN MCPHERSON, M.D., P.A.

Principal Place of Business

2999 SOUTH HIGHWAY A-1-A
 MELBOURNE BEACH FL 32951

Mailing Address

2999 SOUTH HIGHWAY A-1-A
 MELBOURNE BEACH FL 32951

2. Principal Place of Business

1003 River Road

3. Mailing Address

1003 River Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne Beach, FL

City & State

Melbourne Beach, FL

4. FEI Number

59-3197617

Applied For

Not Applicable

Zip

32951

Country

Brevard

Zip

32951

Country

Brevard

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

**DYER, DAVID W P.A.
 325 FIFTH AVENUE
 SUITE 205
 INDIALANTIC FL 32903**

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, 2000 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 **PD**
 STREET ADDRESS **MCPHERSON, JOHN MD**
 CITY-ST-ZIP **2999 SOUTH HIGHWAY A-1-A**
MELBOURNE BEACH FL 32951

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
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 CITY-ST-ZIP

TITLE Change Addition
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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)(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 or without other like empowered.

SIGNATURE: **John McPherson MD**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President Date **321 724 8354** Daytime Phone #

CR2E034 (9/99)