

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000070830

1. Entity Name

GOOD SHEPHERD MEDICAL CLINIC, P.A.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90173 034 ***150.00

Principal Place of Business

10117 CORTEZ BLVD
 BROOKSVILLE FL 34613
 US

Mailing Address

10117 CORTEZ BLVD
 BROOKSVILLE FL 34613-6385
 US

2. Principal Place of Business

10059 CORTEZ BLVD

3. Mailing Address

10059 CORTEZ BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BROOKSVILLE FL

City & State

BROOKSVILLE FL

Zip

Country

34613

US

Zip

Country

34613

US

4. FEI Number

59-3204729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MENKHAUS, DAVID J., ESQ.
 4800 N. FEDERAL HIGHWAY
 STE 210-A
 BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	EBERT, ROBERT E. III	
STREET ADDRESS	11335 CORTEZ BLVD	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROEBUCK MD, BRIAN	
STREET ADDRESS	11337 CORTEZ BLVD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANIL BHATIA MD	
STREET ADDRESS	11345 CORTEZ BLVD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER LEE, MD	
STREET ADDRESS	11371 CORTEZ BLVD	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER LEE, MD

4/28/00

352-596-7070

Date

Daytime Phone #

CR2E034 (9/99)