

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000012861**

1. Entity Name

**KEVIN CHARLES O'LOUGHLIN, M.D., P.A.****FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90322 006 \*\*\*150.00

Principal Place of Business

**2100 NEBRASKA AVE., SUITE #205  
FORT PIERCE FL 34950-4832**

Mailing Address

**2100 NEBRASKA AVE., SUITE #205  
FORT PIERCE FL 34950-4832**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 126**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**Fort Pierce, FL**

Zip

Country

Zip

Country

**34954-0126**

4. FEI Number

**65-0483007**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**O'LOUGHLIN, KEVIN C MD  
1194 S.W. LIVE OAK COVE  
PORT ST. LUCIE FL 34986**

7. Name and Address of New Registered Agent

Name

**Kevin O'Loughlin MD**

Street Address (P.O. Box Number is Not Acceptable)

**400 Beach Rd, #201**

City

**Vero Beach****FL**

Zip Code

**32963**

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	<b>P O'LOUGHLIN, KEVIN C</b>	<b>2100 NEBRASKA AVE., SUITE #205</b>	<b>FORT PIERCE FL 34950-4832</b>	

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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 an officer like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/00**

Date

Daytime Phone #

CR2E034 (9/99)