2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

May 12, 2002 8:00 am & Secretary of State **FILED** P94000017692 DOCUMENT # 1. Entity Name BARBARA O'REILLY, M.D., P.A. 05-12-2002 90557 001 ***150.00 Principal Place of Business Mailing Address 1370 13TH AVE. SOUTH 1370 13TH AVE. SOUTH JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3223275 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUSCHMAN, ALBERT E JR. Street Address (P.O. Box Number is Not Acceptable) 2215 SOUTH 3RD ST. SUITE 101 JACKSONVILLE BEACH FL 32250 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITI F ☐ Change Addition O'REILLY, BARBARA NAME NAME 1370 13TH AVE. SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME 3 STREET ADDRESS STREET ADDRESS CJTY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing do indicated on this report or supplemental report is true and according to the corporation or the receiver or trustee empowered to according to the corporation or the receiver or trustee empowered to according to the corporation or the receiver or trustee empowered to according to the corporation or the receiver or trustee empowered to according to the corporation or the receiver or trustee empowered to according to the corporation or the receiver or trustee empowered to according to the corporation or the receiver or trustee empowered to according to the corporation or the receiver or trustee empowered to according to the corporation or the receiver or trustee empowered to according to the corporation or the receiver or trustee empowered to according to the corporation or the receiver or trustee empowered to according to the corporation or the receiver or trustee empowered to according to the corporation or the receiver or trustee empowered to according to the corporation or the receiver or trustee empowered to according to the corporation or the receiver or trustee empowered to according to the corporation or the receiver or trustee empowered to according to the corporation or trustee. not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information trate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director tute 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

A DIRECTOR