

DOCUMENT # P94000023661

1. Entity Name
PETER R. DUMAS, M.D., P.A.

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90066 013 ***150.00

Principal Place of Business
1215 JACARANDA BLVD.
VENICE FL 34292

Mailing Address
1143 KINGS WAY DR.
NOKOMIS FL 34275
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **65-0472444**
Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
DUMAS, PETER R
1143 KINGS WAY DR
NOKOMIS FL 34275

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 _____ (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, 2001 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	P <input type="checkbox"/> Delete
NAME	DUMAS, PETER R
STREET ADDRESS	1143 KINGS WAY DR
CITY-ST-ZIP	NOKOMIS FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Peter R. Dumas M.D., P.A. **Peter R. Dumas M.D., P.A.**
Date: 1-4-01 Daytime Phone #: 941-493-4997

CR2E034 (10/00)