2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90009 043 ***150.00

644658

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000024261

1. Entity Name
JON D. WIESE, M.D., FACS, P.A.

Principal Place of Business	Mailing Address
521 W. STATE RD 434 STE 305 LONGWOOD FL 32750 US	521 W. STATE RD 434 STE 305 LONGWOOD FL 32750 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. # etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3234391 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WIESE, JON D
521 W STATE RD 434S
STE 305
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 521 W. STATE RD 434
STE 305
City LONGWOOD, FL Zip Code 32750

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: JON D WIESE MD 4/17/01
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DP WIESE, JON D 521 W STATE RD 434, STE 305 LONGWOOD FL 32750	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: JON D WIESE MD 4/17/01 407 332 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #