

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90004 047 \*\*\*150.00

**DOCUMENT # P94000041204**

1. Entity Name

**DAVID A. MAURER, M.D., P.A.**

Principal Place of Business  
**FLA HOSP FISH MEMORIAL  
 PATHOLOGY LAB  
 ORANGE CITY FL 32763**

Mailing Address  
**332 WEST MINNESOTA AVENUE  
 DELAND FL 32720**

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 **59-3248051**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAURER, DAVID A MD  
 332 WEST MINNESOTA AVENUE  
 DELAND FL 32720**

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

*[Handwritten Signature]*

Signature, name or printed name of registered agent and title if applicable. (NOT)

Registered Agent's signature required when reinstating) DATE

**May 1 - 01**

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MAURER, DAVID A MD</b>
STREET ADDRESS	<b>332 WEST MINNESOTA AVENUE</b>
CITY-ST-ZIP	<b>DELAND FL 32720</b>
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	
TITLE	<input type="checkbox"/> Delete
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
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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)(f), 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 empowers.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-1-01**

Date

**904-851-5184**

Daytime Phone #

CR2E034 (10/00)