May 31, 2000 8:00 am
Secretary of State
05-31-2000 90070 038 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000069902

1. Entity Name

ADAM S. WILFONG, M.D., P.A.

Principal Place of Business

~~2440 FAIRVIEW RD~~
SPRING HILL FL 34609

Mailing Address

~~2440 FAIRVIEW RD~~
SPRING HILL FL 34609-5215
US

8010078[redacted]

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 3240 Brunhilde Court
Suite, Apt. #, etc.
City & State: Spring Hill, FL
Zip: 34609 Country: USA

3. Mailing Address: 3240 Brunhilde Court
Suite, Apt. #, etc.
City & State: Spring Hill
Zip: 34609 USA

6. Name and Address of Current Registered Agent

WILFONG, ADAM S
~~2440 FAIRVIEW RD~~
SPRING HILL FL 34609

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 3240 Brunhilde Court

City: Springhill FL Zip Code: 34609

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PST NAME: WILFONG, ADAM S STREET ADDRESS: ~~2440 FAIRVIEW RD~~ CITY-ST-ZIP: SPRING HILL FL 34609	☐ Delete	TITLE NAME STREET ADDRESS: 3240 Brunhilde Court CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: [signature] Adam S. Wilfong 352-683-9932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #