

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000072527

1. Entity Name
JACK H. SOLIMAN, M.D., P.A.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90015 047 ***150.00

Principal Place of Business

Mailing Address

ZEAGLER DRIVE
 SUITE 302
 PALATKA FL 32177

205 ZEAGLER DRIVE
 SUITE 302
 PALATKA FL 32177-3860
 US

2. Principal Place of Business

3. Mailing Address

530 Zeagler Dr
 Suite, Apt. #, etc.

530 Zeagler Dr.
 Suite, Apt. #, etc.

City & State
 Palatka, FL
 Zip
 32177
 Country
 Putnam

City & State
 Palatka, FL
 Zip
 32177
 Country
 Putnam



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3269935**

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

SOLIMAN, JACK H MD, PA
205 ZEAGLER DRIVE
SUITE 302
PALATKA FL 32177

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

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	D	<input type="checkbox"/> Delete
NAME	SOLIMAN, JACK H	
STREET ADDRESS	205 ZEAGLER DR., SUITE 302	
CITY-ST-ZIP	PALATKA FL 32177	
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	530 Zeagler Dr, Suite C	
CITY-ST-ZIP	Palatka, FL 32177	
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		
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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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-2000 (904) 328-1117
 Date Daytime Phone #

CR2E034 (9/99)