

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90140 018 ***150.00

DOCUMENT # P94000075881

1. Entity Name

JAMES R. MILNE, D. O., P. A.

Principal Place of Business

**3801 N UNIVERSITY DR
 STE 502
 SUNRISE FL 33305
 US**

Mailing Address

**2508 NE 17TH TERR
 FT LAUDERDALE FL 33305
 US**

2. Principal Place of Business

3. Mailing Address

3801 N. UNIVERSITY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

502

City & State

City & State

SUNRISE FL

Zip

Country

Zip

Country

33351

33351

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILNE, JAMES R
 2508 NE 17TH TERR
 FT LAUDERDALE FL 33305**

Name

MILNE, JAMES R

Street Address (P.O. Box Number is Not Acceptable)

3801 N. UNIVERSITY DR

SUITE 502

City

SUNRISE

FL

Zip Code

33351

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, 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **MILNE, JAMES R**
 CITY-ST-ZIP **2508 NE 17TH TERR
 FT LAUDERDALE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

01/15/01
 Date

(954) 747-3600
 Daytime Phone #

CR2E034 (10/00)