

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90105 041 ***158.75

DOCUMENT # P94000088124

1. Entity Name

NORTHEAST DOCTORS FAMILY DX CLINIC, P.A.

Principal Place of Business

Mailing Address

185 S. LAWRENCE BLVD
 KEYSTONE HILLS FL 32656
 US

P.O. BOX 1520
 KEYSTONE HILLS FL 32656-1520
 US

2. Principal Place of Business

185 S. Lawrence Blvd.

3. Mailing Address

PO Box 1520

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Keystone Heights, FL

City & State

Keystone Heights, FL

4. FEI Number

59-3276547

Applied For

Not Applicable

Zip

Country

32656 US

Zip

Country

32656 US

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

VAN BREA, OMA
 185 S LAWRENCE BLVD
 KEYSTONE HEIGHTS FL 32656

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	DCV	<input type="checkbox"/> Delete
NAME	VAN BREA, OMA	
STREET ADDRESS	185 S. LAWRENCE BLVD	
CITY-ST-ZIP	KEYSTONE HILLS FL 32656	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VAN BREA, ARELIS	
STREET ADDRESS	185 S. LAWRENCE BLVD	
CITY-ST-ZIP	KEYSTONE HILLS FL 32656	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Keystone Heights, FL 32656	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Keystone Heights, FL 32656	
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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

1/11/00 352 422-9111
 Date Daytime Phone #

CR2E034 (9/99)