

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000002026

1. Entity Name

BIG BEND MEDICAL CORPORATION

FILED

Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90025 027 ***150.00

Principal Place of Business

Mailing Address

~~603 E CLAY ST
THOMASVILLE GA 31702~~

~~603 E CLAY ST
THOMASVILLE GA 31702-4606~~

945103



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

516 E. Jefferson St.

3. Mailing Address

P.O. Box 14835

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Thomasville, GA

City & State

Tallahassee, FL

4. FEI Number

59-3286063

Applied For

Not Applicable

Zip

31792

Country

USA

Zip

32317

Country

USA

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

GUNTER, JOSEPH B
2392 TUSCAVILLA RD.
TALLAHASSEE FL 32312

Name

Meg Brantley

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

2601 Cotuit Lane

City

Tallahassee FL

FL

Zip Code

32308

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

Meg Brantley Meg Gunter Brantley, Secretary

4/17/00

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	P	<input checked="" type="checkbox"/> Delete
NAME	GUNTER, JOSEPH B.	
STREET ADDRESS	2392 TUSCAVILLA RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gunter, Joseph B.	
STREET ADDRESS	516 E. Jefferson St.	
CITY-ST-ZIP	Thomasville, GA 31792	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brantley, Meg G.	
STREET ADDRESS	2601 Cotuit Ln.	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
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:

Joseph B. Gunter Joseph B. Gunter, President 4/17/00 (912) 228-4727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

034 (9/99)