

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000004127

1. Entity Name
NEPHROLOGY ASSOCIATES OF NORTHWEST FLORIDA, P.A.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90014 035 ***150.00

Principal Place of Business
925
909 MAR WALT DRIVE
FT WALTON BCH FL 32547
US

Mailing Address
909 MAR WALT DRIVE P.O. Box 2017
1011
FT WALTON BCH FL 32547
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3294747

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

MILLER, J J
415 MOUNTAIN DRIVE
SUITE 3
DESTIN FL 32541

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HAIRE, HENRY M.
909 MAR WALT DRIVE STE 1011
FT WALTON BCH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
925 MAR WALT DR STE #1
FWB, FL 32547

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2000 850 864-4411
Date Daytime Phone #

CR2E034 (9/99)