

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 05, 2001 8:00 am**
Secretary of State

02-05-2001 90058 045 ***155.00

DOCUMENT # P95000035256

1. Entity Name

SHORELINE MEDICAL GROUP, P.A.

Principal Place of Business

**419 BALTZELL AVE
PORT ST JOE FL 32456
US**

Mailing Address

**419 BALTZELL AVE
PORT ST JOE FL 32456
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3312087**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****CURRY, THOMAS L
419 BALTZELL AVE
PORT ST JOE FL 32456****7. Name and Address of New Registered Agent**

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, 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**TITLE **D** ☐ Delete
NAME **CURRY, THOMAS L**
STREET ADDRESS **7192 WINDWARD ST**
CITY-ST-ZIP **PORT ST JOE FL**TITLE **D** ☐ Delete
NAME **CURRY, ELIZABETH F**
STREET ADDRESS **7192 WINDWARD ST**
CITY-ST-ZIP **PORT ST JOE FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

Thomas L. Curry

Date

1/29/01

Daytime Phone #

850-229-8010

CR2E034 (10/00)