2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000046086

05-23-2001 91175 042 ***550.00

FILED P95000046086
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 12 PM 12:57

A0071309

DO NOT WRITE IN THIS SPACE

1. Entity Name

Craig M. Tilghman, M.D., P.A.

Principal Place of Business	Mailing Address
2202 State Avenue Suite 102 Panama City, FL 32405	2202 State Avenue Suite 102 Panama City, FL 32405

2. Principal Place of Business	3. Mailing Address
2202 State Avenue	2202 State Ave
Suite, Apt. #, etc.: St. 207	Suite, Apt. #, etc.: St 207
City & State: Panama City FL	City & State: Panama City FL
Zip: 32405 / Country: USA	Zip: 32405 / Country: USA

4. FEI Number: 59-3325930 ☐ 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
Tilghman, Craig M M.D. 2202 State Avenue Suite 102 Panama City, FL 32405	Name: Tilghman, Craig M M.D. Street Address (P.O. Box Number is Not Acceptable): 2202 State Ave St 207 City: Panama City FL Zip Code 32405

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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: D NAME: Tilghman, Craig M M.D. STREET ADDRESS: 301 W 34th Court CITY-ST-ZIP: Panama City, FL	☐ Delete	TITLE: D NAME: Tilghman, Craig M MD STREET ADDRESS: 1932 West 23rd Court CITY-ST-ZIP: Panama City, FL 32405	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: C TILGHMAN 4/30/01 850 872-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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