

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000062078

1. Entity Name

JOSEPH C. CORCORAN, D.O., P.A.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90274 017 ***150.00

Principal Place of Business

5741 BE RIDGE ROAD
390
SARASOTA FL 34239
US

Mailing Address

5741 BEE RIDGE ROAD
390
SARASOTA FL 34239
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 65-0605062

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

CORCORAN, JOSEPH C
5741 BEE RIDGE ROAD, 390
SARASOTA FL 34239

Name DANIEL PREWETT

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

5777 Beneva Rd So

City Sarasota

FL

Zip Code 34233

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

Daniel Prewett DANIEL PREWETT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/16/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVD
NAME CORCORAN, JOSEPH C D.O. ☐ Delete
STREET ADDRESS 5741 BEE RIDGE RD, STE 290
CITY-ST-ZIP SARASOTA FL 34233

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P/O of Sec T/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Same

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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

Joseph Corcoran JOSEPH CORCORAN

Date

1/14/01

Daytime Phone #

CR2E034 (10/00)