## 2000 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

## FILED Sep 12, 2000 8:00 am Secretary of State DOCUMENT # P95000065501 1. Entity Name WILLIAM R. BURDEN, M.D., P.A. 09-12-2000 90010 004 \*\*\*550.00 Principal Place of Business Mailing Address 151 REGIONS WAY SUITE D BUILDING 1 151 REGIONS WAY SUITE D BUILDING 1 DESTIN FL 32541 DESTIN FL 32541 AUU/bb41 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3331513 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BURDEN, WILLIAM R Street Address (P.O. Box Number is Not Acceptable) 151 REGIONS WAY SUITE D BUILDING 1 DESTIN FL 32541 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min, will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D Change ☐ Addition TITI F Delete TITLE BURDEN, WILLIAM R NAME NAME STREET ADDRESS 151 REGIONS WAY SUITE D BUILDING 1 STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - - Delete -Change -Addition TITLE ~ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 treatee 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. It all other like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR