

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000066752

1. Entity Name

VOLUSIA & FLAGLER OB-GYN, P.A.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90057 019 ***150.00

631682



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
598 STERHAUS AVENUE ORMOND BEACH FL 32174	598 STERHAUS AVENUE ORMOND BEACH FL 32174-5128

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 149428
City & State	City & State
Orlando FL	Orlando FL

Zip	Country	Zip	Country
32814-9428	U.S.	32814-9428	U.S.

4. FEI Number	59-3334588	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
PARIKH, HANSA M 598 STERHAUS AVE ORMOND BEACH FL 32174

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	<i>[Signature]</i>	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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:	<i>[Signature]</i>	3/14/2000	204-677-4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (9/99)