2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90025 025 ***150.00

000274

DOCUMENT # P95000095716

1. Entity Name
TERESA M. MAZUR-KAUNATH, M.D., P.A.

Principal Place of Business	Mailing Address
100 OCEAN COURSE DRIVE PONTE VERDA BEACH FL 32082	100 OCEAN COURSE DRIVE PONTE VERDA BEACH FL 32082

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1949 SEMINOLE RD	1949 SEMINOLE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ATLANTIC BEACH FL	City & State: ATLANTIC BEACH FL
Zip: 32233 Country: USA	Zip: 32233 Country: USA

4. FEI Number 59-3354393 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MAZUR-KAUNATH, TERESA M
100 OCEAN COURSE DRIVE
PONTE VERDA BEACH FL 32082

7. Name and Address of New Registered Agent
Name: TERESA M MAZUR
Street Address (P.O. Box Number is Not Acceptable): 1949 SEMINOLE RD
City: ATLANTIC BEACH FL Zip Code: 32233

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] 4/28/01
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT MAZUR-KAUNATH, TERESA M 100 OCEAN COURSE DRIVE PONTE VERDA BEACH FL 32082 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition PTS 1949 SEMINOLE RD ATLANTIC BEACH FLORIDA 32233
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KAUNATH, KURT M 100 OCEAN COURSE DRIVE PONTE VERDE BEACH FL 32082 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: [signature] 4/28/01 (904) 241-3149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #