

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097134

1. Entity Name

CITRUS BONE & JOINT SPECIALISTS, P.A.

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90023 050 ***158.75

Principal Place of Business

Mailing Address

3264 W. AUDUBON PARK
PATH
LECANTO FL 34461-8547

3264 W. AUDUBON PARK
PATH
LECANTO FL 34461-8450

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

59-3351572

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

COUCH, RICHARD CRANE
534 N. LECANTO HIGHWAY
LECANTO FL 34461-8547

Name

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

3264 W. AUDUBON PARK PATH
LECANTO

City

FL

FL

Zip Code

34461

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

(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, 2000 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 DP
NAME COUCH, RICHARD CRANE D.O.
STREET ADDRESS 534 N. LECANTO HIGHWAY
CITY-ST-ZIP LECANTO FL 34461-8547 ☐ Delete

TITLE NAME
NAME 3264 W. AUDUBON PARK PATH
CITY-ST-ZIP LECANTO FL ☒ Change ☐ Addition

TITLE ST
NAME COUCH, KATHLEEN C D.O.
STREET ADDRESS 534 N. LECANTO HIGHWAY
CITY-ST-ZIP LECANTO FL ☐ Delete

TITLE NAME
NAME 3264 W. AUDUBON PARK PATH
CITY-ST-ZIP LECANTO FL ☒ Change ☐ Addition

TITLE VP
NAME COUCH, RICHARD M D.O.
STREET ADDRESS 534 N. LECANTO HIGHWAY
CITY-ST-ZIP LECANTO FL ☒ Delete

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

TITLE AT
NAME COUCH, CATHARINE C
STREET ADDRESS 534 N. LECANTO HIGHWAY
CITY-ST-ZIP LECANTO FL ☐ Delete

TITLE NAME
NAME (ADDRESS)
STREET ADDRESS 3264 W. AUDUBON PARK PATH
CITY-ST-ZIP LECANTO FL ☒ 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

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: Kathleen C. Couch D.O. S+T K. Couch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/2000
3264 W. AUDUBON PARK PATH
LECANTO FL 34461-8547