

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000029854

1. Entity Name

MID-BAY WOMEN'S CLINIC, P.A.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90162 038 ***150.00

Principal Place of Business

4400 HIGHWAY 20 EAST. STE 209
STE 209
NICEVILLE FL 32578

Mailing Address

4400 HIGHWAY 20 EAST. STE 209
STE 209
NICEVILLE FL 32578-9735

C0006263



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

STE 209

Suite, Apt. #, etc.

STE 209

City & State

City & State

4. FEI Number 59-3372364

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HALL, STEVEN K
1234 AIRPORT ROAD, STE. 205
DESTIN FL 32541

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

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	D	<input type="checkbox"/> Delete
NAME	THOMPSON, MAUREEN E	
STREET ADDRESS	4400 HWY 20 E STE 209	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, JOHN C.	
STREET ADDRESS	4400 HWY 20 E STE 209	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

JOHN C THOMPSON

Date

1/10/00

Daytime Phone #

850 897-7277

CR2E034 (9/99)