

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90003 037 ***150.00

DOCUMENT # P96000034080

1. Entity Name

CHRISTOPHER D. TANNER M.D., P.A.

Principal Place of Business

**1000 MARWALT DR
FORT WALTON BEACH FL 32547
US**

Mailing Address

**P.O. BOX 6309
DESTIN FL 32550-6309
US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 5500

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin FL

Zip

Country

Zip

Country

32540

USA

4. FEI Number

59-3375378

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

**TANNER, CHRISTOPHER D
449 W. 23 STREET
C/O GULF COAST HOSPITAL/EMR
PANAMA CITY FL 32405**

Name

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

1000 MarWalt Dr

City

Ft Walton Beach

FL

Zip Code

32547

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

Chris Tanner MD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/21/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	COE TANNER, CHRISTOPHER D. 1000 MARWALT DR FORT WALTON BEACH FL 32547	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

Date

Daytime Phone #

8/21/01

CR2E034 (5/01)



Attachment
PH# 99600000 3480
A6082914
ACCOUNTING ■ TAX ■ CONSULTING

August 21, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Christopher D. Tanner, M.D., P.A.

To Whom It May Concern:

The above-referenced corporation did not receive their original request for filing of their uniform business report, which was due May 1, 2001. This corporation has a different post office box number than what you are showing on your records. Please correct their mailing address in your records to the new post office box number reflected in the changes section of the report enclosed.

In light of the above, the corporation is sending herewith a check for \$150 to pay the filing fee, and asks that you abate any late filing penalties or fees.

Please contact me if you need anything further.

Sincerely,

Beverly Borah, CPA

enclosures