

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90511 050 ***150.00

0016704

DOCUMENT # P96000046144

1. Entity Name
SCOTT WIEDENMANN, M.D., P.A.

Principal Place of Business 3550 UNIVERSITY BLVD. S. SUITE 102 JACKSONVILLE FL 32216	Mailing Address 3550 UNIVERSITY BLVD. S. SUITE 102 JACKSONVILLE FL 32216
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3389636	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WIEDENMANN, SCOTT
 3550 UNIVERSITY BLVD S.
 SUITE 102
 JACKSONVILLE FL 32216**

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 *Scott Wiedenmann* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	D WIEDENMANN, SCOTT		NAME		
STREET ADDRESS	3550 UNIVERSITY BLVD S.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32216		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Scott Wiedenmann* - **SCOTT WIEDENMANN, M.D.** 1/8/01 904/731-7296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)