

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90063 045 \*\*\*150.00

**DOCUMENT # P96000048134**

1. Entity Name  
**JOHN A. SAMARKOS, D.M.D., P.A.**

Principal Place of Business

**105 NW 75TH ST #1  
 GAINESVILLE FL 32607  
 US**

Mailing Address

**8426 S.W. 21ST LANE  
 GAINESVILLE FL 32607-1685**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**105 NW, 75th St.**

**Suite #1**

**Gainesville FL.**

**32607**

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3382948**

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

**DOWNEY, KEVIN I  
 2631 N.W. 41ST STREET  
 SUITE B-2  
 GAINESVILLE FL 32606**

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 \_\_\_\_\_ 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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>SAMARKOS, JOHN A D.M.D.</b>	<b>8426 S.W. 21ST LANE</b>	<b>GAINESVILLE FL 32607</b>	<input type="checkbox"/>
	<b>D</b>			
	<b>SAMARKOS, MARIA A D.M.D.</b>	<b>8426 S.W. 21ST LANE</b>	<b>GAINESVILLE FL 32607</b>	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>11616 SW. 6th Ln.</b>	<b>Gainesville FL, 32607</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<b>11616 SW. 6th Ln.</b>	<b>Gainesville FL, 32607</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: John Samarkos DMD Date: 3/10/00 Daytime Phone #: 352-331-4558  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)