

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066134

1. Entity Name

RON RYAN M.D., P.A.

f

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

07-19-2000 90013 039 ***150.00

Principal Place of Business

1851 KNOX MCRAE DRIVE
TITUSVILLE FL 32780

Mailing Address

1851 KNOX MCRAE DRIVE
TITUSVILLE FL 32780

2. Principal Place of Business

1917 Knox Mcrae Dr.
Suite, Apt. #, etc.

3. Mailing Address

1917 Knox Merae Dr.
Suite, Apt. #, etc.

City & State

Titusville, FL

City & State

Titusville, FL

Zip

32780

Country

Brevard

Zip

32780

Country

Brevard

4. FEI Number

59-3398739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RYAN, RON M.D.PA
1720 HARBOR OAKS PLACE
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name

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

MATTHEW T. BURKE CPA
503 N. ORLANDO AVE., SUITE 106
COCOA BEACH, FL 32931

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

Matthew T. Burke CPA

7/10/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

TITLE	MD	<input type="checkbox"/> Delete
NAME	RYAN, RONALD	
STREET ADDRESS	1917 KNOX MCRAE DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00

Date

(321)363-1332

Daytime Phone #

P96000066134

A0U48262

MATTHEW T. BURKE
Certified Public Accountant
503 N. Orlando Avenue, Ste #106
Cocoa Beach, FL 32931
Phone (321) 784-6130

July 12, 2000

Division of Corporations
Annual Reports Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Filing Annual Corporate Report
Ron Ryan, M.D., P.A.
FEI #59-3398739
Document #P96000066134

To Whom It May Concern,

Ron Ryan, M.D., P.A. has been filing these reports on a timely basis. Taxpayer just received, and dropped off at my office the Second Notice. They never received the First Notice. I believe the First Notice was not delivered because the address on the Form is incorrect. The correct address is:

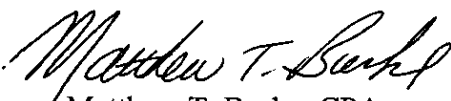
Ron Ryan, M.D., P.A.
1917 Knox Mcrae Drive
Titusville, FL 32780

We have always tried to help all of our clients file accurately and timely. Dr. Ryan has enclosed a check for \$150.00, the filing fee if paid timely.

Would you please consider waiving this penalty?

If you have any questions, or if I can be of any further assistance, please feel free to contact me.

Very Truly Yours,


Matthew T. Burke, CPA

cc: Ron Ryan, M.D., P.A.