

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000070902

1. Entity Name

MICHAEL J. BROWN, M.D., P.A.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90019 008 ***150.00

Principal Place of Business 6510 CHARDONNAY PENSACOLA FL 32501 US	Mailing Address 6510 CHARDONNAY PENSACOLA FL 32504-7860 US
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00006893



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 801 W AVERY ST Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State PENSACOLA, FL	City & State
Zip 32501	Country USA

4. FEI Number 59-3397412 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MANDINA, JOSEPH J 1110 BRICKELL AVE STE 805 MIAMI FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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	
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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 for 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 a 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

Date

Daytime Phone #

1/10/00

850.434-2771