

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000078671**

1. Entity Name

**OAKWOOD FAMILY PRACTICE, P.A.****FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90054 045 \*\*\*150.00

012762 AT

Principal Place of Business

**200 OAKWOOD DR., SUITE 208  
OCALA FL 34472**

Mailing Address

**200 OAKWOOD DR., SUITE 208  
OCALA FL 34472**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3406441**Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**JEAN-BAPTISTE, HENRIOT DR.  
200 OAKWOOD DR., SUITE 208  
OCALA FL 34472**

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

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

(NOTE: Registered Agent signature required when reinstating)

**7/19/01**

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 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  
**D  
JEAN-BAPTISTE, HENRIOT DR.  
9476 S.E. 7TH AVE. RD.  
OCALA FL 34480** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: **HENRIOT, JEAN-BAPTISTE, M.D.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/19/01 (352) 681-8099**

CR2E034 (5/01)

Attachment Doc # P96000078071



**OAKWOOD  
FAMILY PRACTICE**

77250

**Henriot Jean-Baptiste M.D.**

200 Oakwood Drive, Suite 208  
Ocala, Florida 34472  
(352) 687-8099  
(352) 687-3646

July 19, 2001

~~To Whom It May Concern:~~

RE. 2001 Uniform Business Report

The business Uniform Report for 2001 was completed and sent back to you. As a matter of fact, it was returned to us twice and we've sent it twice. Also, the \$150.00 check has been cashed.

Please, would you look again in your files to see if you received the report.

I thank you in advance for your help in finding the report, therefore, would you consider waiving this penalty.

Your prompt attention, in this matter, will be greatly appreciated.

Sincerely,

Henriot Jean-Baptiste, M.D., MPH