

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90092 042 ***150.00

DOCUMENT # P96000100243

1. Entity Name
A. C. TALIAFERRO, M.D., P.A.

Principal Place of Business
165 SOUTHPARK BLVD
SUITE B-6
ST. AUGUSTINE FL 32086
US

Mailing Address
165 SOUTHPARK BLVD
SUITE B-6
ST AUGUSTINE FL 32086
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3407776		Applied For ☐ Not Applicable	
Suite, Apt. #, etc. Suite C		Suite, Apt. #, etc. Suite C		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
KRESAGE, KENNETH R CPA 403 ANASTASIA BLVD STE 1 STE 1 ST AUGUSTINE FL 32084				Name A. C. Taliaferro, M.D.			
				Street Address (P.O. Box Number is Not Acceptable) 165 Southpark Blvd.			
				Suite Suite C			
				City St. Augustine FL Zip Code 32086			

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 **A. C. Taliaferro, M.D., Pres.**

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, 2002 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	D TALIAFERRO, ARTHUR C 3966 COASTAL HIGHWAY ST. AUGUSTINE FL 32095	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE 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.

A. C. Taliaferro, M.D.

(904) 823-8823

SIGNATURE: **X** **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)