2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State
01-09-2003 90139 015 ***150.00

DOCUMENT # P96000100243

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

Principal Place of Business	Mailing Address
165 SOUTHPARK BLVD SUITE C ST. AUGUSTINE FL 32086 US	165 SOUTHPARK BLVD SUITE C ST. AUGUSTINE FL 32086 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
300 Healtpark BLVD	300 Healthpark Blvd
Suite, Apt. #, etc.: Suite 5008	Suite, Apt. #, etc.: Suite 5008
City & State: St. Augustine, FL	City & State: St. Augustine, FL
Zip: 32086 Country: U.S	Zip: 32086 Country: U.S.

4. FEI Number 59-3407776 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TALIAFERRO, A. C. M.D.
165 SOUTHPARK BLVD.
STE C
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name: Taliaferro, A. C. MD
Street Address (P.O. Box Number is Not Acceptable): 300 Healthpark Blvd
Suite 5008
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] MD — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1/4/03

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. 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	O Taliaferro, Arthur C 3890 Coastal Highway St. Augustine FL 32095	☑ 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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] Arthur Cortland Taliaferro — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 1/4/02 — Daytime Phone # 904-823-8843

CR2E034 (10/02)