2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2000 8:00 am
Secretary of State
05-18-2000 90298 042 ***150.00

DOCUMENT # P96000100696

1. Entity Name
BARBARA A. DRISCOLL RN P.A. R

Principal Place of Business: ... KING ST

Mailing Address: 1007 SE FT KING ST, OCALA FL 34471-2315

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1805 S.E. 31st Lane	1805 S.E. 31st Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, Fl.	City & State: Ocala, Fl.
Zip: 34471 Country: USA	Zip: 34471 Country: USA

4. FEI Number: 59-3421359 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DRISCOLL, JOHN T
1007 SE FORT KING ST
OCALA FL 34471

7. Name and Address of New Registered Agent

Name: ~~Barbara Driscoll~~ JOHN T. Driscoll
Street Address (P.O. Box Number is Not Acceptable): 1805 S.E. 31st Lane
City: Ocala, Fl FL Zip Code: 34471

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: John T. Driscoll   6/13/00
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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD DRISCOLL, BARBARA A 1007 SE FORT KING ST OCALA FL 34471 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1805 S.E. 31st Lane Ocala, Fl. 34471 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD DRISCOLL, JOHN T 1007 SE FT KING ST OCALA FL 34471 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1805 S.E. 31st Lane Ocala, Fl. 34471 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 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: Barbara A. Driscoll RN PA   4/30/00   (352)622-7665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #