

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90040 010 ***150.00

8



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000052373

1. Entity Name
SCOTT H. FREEDMAN, M.D., P.A.

Principal Place of Business
**108 ARBOR LAKE LANE
PONTE VEDRA BEACH FL 32082**

Mailing Address
**108 ARBOR LAKE LANE
PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business

3. Mailing Address
12814 Doe Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
N. Potomac MD

4. FEI Number **59-3453228**

Applied For
Not Applicable

Zip

Country

Zip **20878** Country **USA**

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

**FREEDMAN, SCOTT H
108 ARBOR LAKE LN
PONTE VERDE BEACH FL 32082**

Name

Street Address (P.O. Box Number is Not Acceptable)

4496 Southside Blvd., Suite 200

City **Jacksonville**

FL

Zip Code **32216**

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 **Scott H. Freedman**

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	FREEDMAN, SCOTT H	
STREET ADDRESS	108 ARBOR LAKE LN	
CITY-ST-ZIP	PONTE VERDE BEACH FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, who all other like empowered.

SIGNATURE: **Scott H. Freedman MD** 3/25/01 301-926-8883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)