

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90038 017 ***150.00

DOCUMENT # P97000062605

1. Entity Name

EMILY D. HOFF-SULLIVAN, M.D., P.A.

Principal Place of Business

130 NEW BERLIN RD
JACKSONVILLE FL 32218

Mailing Address

PO BOX 2090
JACKSONVILLE FL 32203-2090

B0005934



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

60 Andrews Way
Suite, Apt. #, etc.
P.O. Box 5327

3. Mailing Address

P.O. Box 5327

City & State

St. Marys, GA

City & State

St. Marys, GA

4. FEI Number

59-3457821

Applied For

Not Applicable

Zip

31558

Country

USA

Zip

31558

Country

USA

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

6. Name and Address of Current Registered Agent

ROCK, R. ANDREW
%RUDNICK & WOLFE
101 EAST KENNEDY BLVD., SUITE 2000
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name: Emily D. Hoff-Sullivan, MD
Street Address (P.O. Box Number is Not Acceptable): 60 Andrews Way
P.O. Box 2090
City: Jacksonville FL Zip Code: 32203

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]

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HOFF-SULLIVAN, EMILY D	
STREET ADDRESS	130 NEW BERLIN RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Dr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hoff-Sullivan, Emily D	
STREET ADDRESS	60 Andrews Way	
CITY-ST-ZIP	St. Marys, GA 31558-5327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/00 (912)576-1576