

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000062605

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: EMILY D. HOFF-SULLIVAN, M.D., P.A.

Current Principal Place of Business:

60 ANDREWS WY
PO BOX 5327
SAINT MARYS, GA 31558

New Principal Place of Business:

Current Mailing Address:

PO BOX 5327
SAINT MARYS, GA 31558

New Mailing Address:

FEI Number: 59-3457821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLIVAN, EMILY D MD
60 ANDREWS WY
PO BOX 2090
JACKSONVILLE, FL 32203 US

Name and Address of New Registered Agent:

SULLIVAN, EMILY D MD
1409 KINGSLEY AVENUE
SUITE 14-C
JACKSONVILLE, FL 32073 US

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: EMILY D. HOFF-SULLIVAN, M.D.

04/30/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOFF-SULLIVAN, EMILY D
Address: 60 ANDREWS WY
City-St-Zip: SAINT MARYS, GA 315585327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMILY D. HOFF-SULLIVAN, M.D.

DR

04/30/2002

Electronic Signature of Signing Officer or Director

Date