

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

0065866

DOCUMENT # P97000100453

1. Entity Name

THOMAS F. HEGERT, M.D., INC.

04-04-2001 90108 032 ***150.00

Principal Place of Business
APH PATHOLOGY 92 West Miller
~~1414 S. ORANGE AVE., ORHS-PATHOLOGY~~
 ORLANDO FL 32806

Mailing Address
92 W. MILLER APH PATHOLOGY
~~1414 S. ORANGE AVE., ORHS-PATHOLOGY~~
 ORLANDO FL 32806



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3478645**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEGERT, THOMAS F
~~1414 S. ORANGE AVE., ORHS-PATHOLOGY~~ **APH PATHOLOGY 92 W. Miller**
 ORLANDO FL 32806

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	HEGERT, THOMAS F	APH PATHOLOGY	92 W. MILLER	<input type="checkbox"/>
		1414 S. ORANGE AVE., ORHS-PATHOLOGY		
		ORLANDO FL 32806		
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 life empowered.

SIGNATURE: Thomas F. Hegert MD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4.2.01 Daytime Phone # 407-841-5111
X6534

CR2E034 (10/00)