

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 05, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000108037**

1. Entity Name  
 JOAN E. WOOD, M.D., P.A.

Principal Place of Business  
 10850 ULMERTON ROAD  
 LARGO FL 33778

Mailing Address  
 10850 ULMERTON ROAD  
 LARGO FL 33778

2. Principal Place of Business  
 1961 COVE LANE

3. Mailing Address  
 1961 COVE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 CLEARWATER FL

City & State  
 CLEARWATER FL

4. FEI Number  
**59-3483421**  
 Applied For  
 Not Applicable

Zip Country  
 33764

Zip Country  
 33764

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**

WOOD JOAN E  
 10850 ULMERTON ROAD  
 LARGO FL 33778

Name  
 WOOD JOAN E  
 Street Address (P.O. Box Number is Not Acceptable)  
 1961 COVE LANE  
 City CLEARWATER FL Zip Code 33764

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, typed or printed name of registered agent and title if applicable.

**01/05/2001**  
 DATE

(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 D  Delete  
 NAME WOOD JOAN E  
 STREET ADDRESS 10850 ULMERTON ROAD  
 CITY-ST-ZIP LARGO FL 33778

TITLE DR.  Change  Addition  
 NAME WOOD JOAN E  
 STREET ADDRESS 1961 COVE LANE  
 CITY-ST-ZIP CLEARWATER FL 33764

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:** Joan E. Wood  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. 01/05/2001  
 Date

Daytime Phone #

CR2E034 (11/00)