

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000002812

1. Entity Name

ROY ARRON PARKER D.M.D., P.A.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90125 039 ***150.00

Principal Place of Business 7611 - 9TH AVENUE NORTHWEST BRADENTON FL 34209	Mailing Address 7611 - 9TH AVENUE NORTHWEST BRADENTON FL 34209-1060
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2. Principal Place of Business 7626 N. Tamiami Trail Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Sarasota, Florida	City & State	4. FEI Number 65-0816805	Applied For <input type="checkbox"/> Not Applicable
Zip 34243-1829	Country Manatee	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PARKER, ROY A 7611 - 9TH AVENUE NORTHWEST BRADENTON FL 34209		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PARKER, ROY A 7611 - 9TH AVENUE NORTHWEST BRADENTON FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Roy A Parker DMD as President 1-21-00 (941) 351-6596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)