2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State
03-23-2001 90009 019 ***150.00

DOCUMENT # P98000005788

1. Entity Name
JAY LANCE FALK, M.D., P.A.

Principal Place of Business	Mailing Address
200 SOUTH ORANGE AVE.. STE. 2300 PO BOX 112 ORLANDO FL 32802-0112	200 S. ORANGE AVE STE 2300 ORLANDO FL 32801

C0037032

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
111 Oakleigh Lane	1512 S. Orange Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Maitland, FL	City & State: Orlando, FL
Zip: 32751 Country: USA	Zip: 32806 Country: USA

4. FEI Number 59-3493286 ☐ Applied For ☐ Not Applicable

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
A.G.C., CO. 200 S. ORANGE AVE STE 2300 ORLANDO FL 32801	Name: Jay Falk, MD Street Address (P.O. Box Number is Not Acceptable): 1512 S. Orange Avenue City: Orlando **FL** Zip Code: 32806

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, 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	D FALK, JAY L M.D. 111 OAKLEIGH LANE MAITLAND FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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] JAY L. FALK 3/15/01 407-841-5236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #