

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90196 034 ***150.00

DOCUMENT # P98000005799

1. Entity Name

PATRICK JAMES KARSON, D.O., P.A.

Principal Place of Business

**200 SOUTH ORANGE AVE., STE. 2300
 PO BOX 112
 ORLANDO FL 32802-0112**

Mailing Address

**200 S. ORANGE AVE.
 SUITE 2300
 ORLANDO FL 32801**

2. Principal Place of Business

**204 HAZARD ST.
 Suite, Apt. #, etc.**

3. Mailing Address

**1512 S. ORANGE AVE
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3493315

Applied For

Not Applicable

Zip

32804

Country

USA

Zip

32806

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**A.G.C., CO.
 200 S. ORANGE AVE.
 SUITE 2300
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **PATRICK J. KARSON, D.O.**
 Street Address (P.O. Box Number is Not Acceptable)
1512 S. ORANGE AVE
 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

Patrick J. Karson, D.O. **PATRICK J. KARSON, D.O.** **1-24-01**

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 **D** ☐ Delete
 NAME **KARSON, PATRICK J D.O.**
 STREET ADDRESS **143 ACADEMY OAKS PLACE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **D** ☒ Change ☐ Addition
 NAME **KARSON, PATRICK J D.O.**
 STREET ADDRESS **204 HAZARD STREET**
 CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Patrick J. Karson, D.O. **PATRICK J. KARSON D.O.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407
843-0828

CR2E034 (10/00)