

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

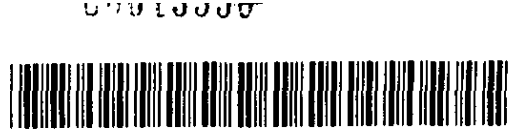
01-29-2000 90014 032 ***158.75

DOCUMENT # P98000005821

1. Entity Name
JON MAYO, M.D., P.A.

Principal Place of Business
**SAND LAKE HOSPITAL
 DEPT EMERGENCY MED
 ORLANDO FL 32819**

Mailing Address
**928 W YALE ST
 ORLANDO FL 32804-5255**



2. Principal Place of Business
**EPCF - ORMC
 1512 S. Orange Ave**

3. Mailing Address
~~1512 S. Orange Ave~~
above

City & State
Orlando, FL

City & State
~~FL~~

4. FEI Number **59-3493556** Applied For
 Not Applicable

Zip **32806** Country **USA**

Zip Country

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

6. Name and Address of Current Registered Agent
**MAYO, JON M.D.
 1512 SOUTH ORANGE AVENUE
 ORLANDO FL**

7. Name and Address of New Registered Agent
 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 _____ (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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D MAYO, JON M.D. 928 W YALE ST ORLANDO FL 32804	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <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)(l), 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: *Jon Mayo MD PA* **Jon Mayo MD PA 1-25-00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **(407) 841-5236**