

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90082 009 \*\*\*150.00

0084345

**DOCUMENT # P98000005821**

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

Principal Place of Business

Mailing Address

**EPCF-ORMC**  
**1512 S. ORANGE AVE**  
**ORLANDO FL 32806**

**928 W YALE ST**  
**ORLANDO FL 32804**

2. Principal Place of Business  
**EPCF-ORMC**  
**(Jon Mayo MD, P.A.)**

3. Mailing Address  
**928 W. Yale St**

Suite, Apt. #, etc.  
**1512 S. Orange Ave**

Suite, Apt. #, etc.

City & State  
**Orlando FL**

City & State  
**Orlando FL**

Zip Country  
**32806 USA**

Zip Country  
**32804 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3493556**

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

**MAYO, JON M.D.**  
**1512 SOUTH ORANGE AVENUE**  
**ORLANDO FL**

**32806**

Name  
**N/A**

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, 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	<b>D</b> <b>MAYO, JON M.D.</b> <b>928 W YALE ST</b> <b>ORLANDO FL 32804</b>	<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

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"/> Change <input type="checkbox"/> Addition
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: Jon Mayo M.D. **Jon Mayo M.D.** 2/25/01 **2/25/01**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**407 872 7886**

CR2E034 (10/00)