

2002 **UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State
04-23-2002 90323 014 ***150.00

DOCUMENT # P98000023091

1. Entity Name
JOHN J. PARKER, MD, P.A.

Principal Place of Business Mailing Address
PO BOX 510014 PO BOX 510014
MELBOURNE BEACH FL 32951-0014 MELBOURNE BEACH FL 32951-0014

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3502532**

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

6. Name and Address of Current Registered Agent
PARKER, JOHN J MD
~~2005 ATLANTIC STREET, #422~~ **201 Riverside Drive**
MELBOURNE BEACH FL 32951

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip

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, typed or printed name of registered agent and fee applicable. NOTE: Registered Agent fee is required when changing.

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		
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, JOHN J MD	
STREET ADDRESS	2005 ATLANTIC STREET, #422 201 Riverside Dr.	
CITY-STATE-ZIP	MELBOURNE FL 32951	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE		<input type="checkbox"/> Delete <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Delete <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation.

SIGNATURE: _____