

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90060 004 ***150.00

DOCUMENT # P98000032285

1. Entity Name

CORAL REEF MEDICAL SPECIALISTS, P.A.

Principal Place of Business

Mailing Address

~~7995 OVERSEAS HIGHWAY
 MARATHON FL 33050~~

~~7995 OVERSEAS HIGHWAY
 MARATHON FL 72903-2409~~

00008797

2. Principal Place of Business

3527 Spring Mountain Road

3. Mailing Address

3527 Spring Mountain Road



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Smith, AR

City & State

Fort Smith, AR

4. FEI Number

65-0836436

Applied For

Not Applicable

Zip

72916

Country

Zip

72916

Country

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

**WRIGHT, THOMAS D
 10095 OVERSEAS HIGHWAY
 SUITE 10
 MARATHON FL 33050**

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Delete
 NAME: **PTD BIRKY, DUANE L MD**
 STREET ADDRESS: **7995 OVERSEAS HIGHWAY**
 CITY-ST-ZIP: **MARATHON FL 33050**

TITLE: Change Addition
 NAME: **3527 Spring Mountain Road**
 STREET ADDRESS: **Fort Smith AR 72916**
 CITY-ST-ZIP: **Fort Smith AR 72916**

TITLE: Delete
 NAME: **VSD RETZ, JACY L MD**
 STREET ADDRESS: **7995 OVERSEAS HIGHWAY**
 CITY-ST-ZIP: **MARATHON FL 33050**

TITLE: Change Addition
 NAME: **3527 Spring Mountain Road**
 STREET ADDRESS: **Fort Smith AR 72916**
 CITY-ST-ZIP: **Fort Smith AR 72916**

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
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TITLE: Change Addition
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TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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: **Duane Birky** **1-15-00** **501-709-7175**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #