

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039211

1. Entity Name

PAMELA ANN SCHURMAN, D.O., P.A.

Principal Place of Business

Mailing Address

1544 BERRYHILL MEDICAL PARK  
MILTON FL 32570

1544 BERRYHILL MEDICAL PARK  
MILTON FL 32570

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3513196

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

SCHURMAN, PAMELA ANN D.O.  
1544 BERRYHILL MEDICAL PARK  
MILTON FL 32570

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

*Pamela Ann Schurman* ERROR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-25-01

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 ☐ Delete  
D SCHURMAN, PAMELA ANN D.O.  
STREET ADDRESS 5494 ROWE TRAIL  
CITY-ST-ZIP PACE FL 32571

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
NAME  
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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:

*Pamela Ann Schurman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

850 626-2263

Daytime Phone #

0612136

CR2E034 (10/00)

FILED  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90143 005 \*\*\*150.00

80044646



DO NOT WRITE IN THIS SPACE