2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State
08-29-2001 90017 018 ***150.00

DOCUMENT # P98000048702

1. Entity Name
BRYAN H. HEATH, M.D., P.A.

Principal Place of Business	Mailing Address
612 PALMETTA ST NEW SMYRNA BEACH FL 32168	612 PALMETTA ST NEW SMYRNA BEACH FL 32168

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 2126 Villa Way New Smyrna Beach, FL 32169
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3514878 ☐ 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
HEEKIN, JAMES F JR, ESQ 215 N EOLA DRIVE ORLANDO FL 32801	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 ~~$550.00~~ 150
After September 12, 2001 Fee will be $750.00
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	D HEATH, BRIAN H MD 2126 VILLA WAY NEW SMYRNA BEACH FL 32169	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/01)

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: SIGNATURE REQUIRED Bryan Heath 8/14/01 (386) 423-8808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment C0075833
Doc# P98000048702

Bryan Heath, M.D., P.A.

2126 Villa Way
New Smyrna Beach, FL 32169-2069

August 15, 2001

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Bryan Heath, M.D., P.A.
F.E.I. #: 59-3514878

To Whom It May Concern:

We recently received a Second Notice for payment regarding our 2001 Uniform Business Report. While **we will promptly pay the $150**, we request abatement of the extra $400. Bryan Heath, M.D., P.A. never received a First Notice to file a 2001 Uniform Business Report. Therefore, we request that the $400 fee be removed and Bryan Heath, M.D., P.A. remain in good standing with the Department of State as a corporation.

Thank you for your consideration.

Sincerely,

Bryan Heath, M.D.
Bryan Heath, M.D., P.A.