

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91236 014 ***150.00

DOCUMENT # 98000050750 ✓
1. Entity Name
Mock Hugh Sullivan, Jr., MD, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
60 Andrews Way
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 5327
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
St. Mary's Co.

City & State
St. Mary's Co.

Zip
31558 Country

Zip
31558 Country

4. FEI Number
59-3515087

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Mock H. Sullivan, Jr., MD
Street Address (P.O. Box Number is Not Acceptable)
1409 Kingsley Ave. STE 14-C
City Orange Park FL Zip Code 32073

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 Mock H. Sullivan Jr MD owner
Signature, typed or printed name of registered agent and title if applicable

5/01/02
DATE

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>Sullivan Mock Hugh Jr MD</u> <u>60 Andrews way 5327</u> <u>Saint Mary's Co. 31558</u>
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mock H. Sullivan Jr MD MOCK H. SULLIVAN JR 912 576-1576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/02 Date Daytime Phone #