

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053840

1. Entity Name

JO ANN HARDIN MEYER, M.D., P.A.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90135 049 \*\*\*150.00

Principal Place of Business

Mailing Address

3750 EMERGENCY LANE  
SITE 3  
SEBRING FL 33870

3750 EMERGENCY LANE  
SITE 3  
SEBRING FL 33870-5536

2. Principal Place of Business

3. Mailing Address

2401 US Hwy 27  
Suite, Apt. #, etc.

2401 US Hwy 27  
Suite, Apt. #, etc.

City & State

City & State

Sebring

Sebring

Zip 33870

Country USA

Zip 33870

Country USA

4. FEI Number 65-0841634

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

MEYER, JO ANN HARDIN M.D.  
3750 EMERGENCY LANE  
SITE 3  
SEBRING FL 33870

Name

Street Address (P.O. Box Number is Not Acceptable)

2401 US Hwy 27

City

Sebring

FL

Zip Code 33870

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 D ☐ Delete  
NAME MEYER, JO ANN HARDIN M.D.  
STREET ADDRESS 3750 EMERGENCY LANE, SUITE 3  
CITY-ST-ZIP SEBRING FL 33870

TITLE ☒ Change ☐ Addition  
NAME 2401 US Hwy 27  
STREET ADDRESS Sebring FL 33870  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JO ANN MEYER, M.D. 2/15/2000 471-1700