

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057391

1. Entity Name

LINDA M. MCDADE, C.R.N.A., P.A.

FILED

Apr 26, 2000 8:00 am  
Secretary of State

04-26-2000 90077 035 \*\*\*150.00

Principal Place of Business

Mailing Address

300 FT-PICKENS ROAD 410 E INTENDENCIA ST  
PENSACOLA FL 32561 32501

2. Principal Place of Business

3. Mailing Address

410 E. INTENDENCIA ST 410 E. INTENDENCIA ST  
Suite, Apt. #, etc.

City & State

City & State

PENSACOLA FL

PENSACOLA FL

Zip 32501

Country

Zip 32501

Country USA

4. FEI Number

59-3524780

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

KIEVIT KELLY & ODOM PA  
15 W MAIN STREET  
PENSACOLA FL 32501

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 D  
NAME MCDADE, LINDA  
STREET ADDRESS 300 FT-PICKENS ROAD 410 E INTENDENCIA  
CITY-ST-ZIP PENSACOLA FL 32561 32501

TITLE DPST  
NAME INTENDENCIA ST  
STREET ADDRESS 410 E. INTENDENCIA  
CITY-ST-ZIP PENSACOLA, FL 32501

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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:

Linda M. McDade CNA PA

Date

3-30-00 850 439 2766

Daytime Phone #

CR2E034 (9/99)