## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P98000063072 Jul 05, 2000 8:00 am Secretary of State 1. Entity Name JEFFREY DEVON, M.D., P.A. 05-30-2000 90098 023 \*\*\*558.75 BROWN LOND TO BEET Mailing Address Principal Place of Business. 990 CENTRAL PARK BLVD 9980 CENTRAL PARK BLVD BOCA RATON FL 33486-2337 **BOCA RATON FL 33428** Principal Place of Business 3. Mailing Address 5/NW13465 DO NOT WRITE IN THIS SPACE --#, etc. Applied For 4. FEI Number City & APPLIED FOR Not Applicable \$8.75 Additional Country Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent DEVON JEFFREY M.D. Street Address (P.O. Box Number is Not Acceptable) 712 HAVANA DRIVE **BOCA RATON FL 33487** Zip Code City THE LEADING STORY 8. The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE 19:9150.00 9. This corporation is eligible to satisfy its Intengible-10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. $\Box$ . Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE DEVON, LEAH NAME NAME STREET ADDRESS STREET ADDRESS 712 HAVANA DR CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** ☐ Change ☐ Addition TITLE ☐ Delete TITLE DEVON, JOSHUA STREET ADDRESS 712 HAVANA DR STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete m F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY\_ST-ZIP\_ CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME ... STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP 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 a statistic empowered. SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone