

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069285

1. Entity Name

LINDA HADDOX, M.D., P.A.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90063 040 \*\*\*150.00

Principal Place of Business

Mailing Address

311 N. CLYDE MORRIS BLVD., SUITE 180  
DAYTONA BEACH FL 32114

311 N. CLYDE MORRIS BLVD., SUITE 180  
DAYTONA BEACH FL 32114-2756

2. Principal Place of Business

415 N. Clyde Morris Blvd  
Suite, Apt. #, etc.

3. Mailing Address

415 N. Clyde Morris Blvd  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Daytona Beach FL  
Zip 32114 Country Volusia

City & State

Daytona Beach FL  
Zip 32114 Country Volusia

4. FEI Number

59-3531410

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

HADDOX, LINDA M.D.  
311 N. CLYDE MORRIS BLVD., SUITE 180  
DAYTONA BEACH FL 32114

Name

Haddox, Linda M.D.

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

415 N. Clyde-Morris Boulevard

City

Daytona Beach

FL

Zip Code 32114

8. The above named entity signs 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 HADDOX, LINDA M.D.  
STREET ADDRESS 311 N. CLYDE MORRIS BLVD., SUITE 180  
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 #

4/16/00

904-252-5858

CR2E034 (9/99)