

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90333 016 ***150.00

DOCUMENT # P98000084300

1. Entity Name

WILLIAM F. MCGROGAN, M.D., P.A.

Principal Place of Business

11373 CORTEZ BLVD. SUITE ~~200~~ 208
BROOKSVILLE FL 34613

Mailing Address

11373 CORTEZ BLVD. SUITE ~~200~~ 208
BROOKSVILLE FL 34613

2. Principal Place of Business

11373 Cortez Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 208

Brooksville FL.

City & State

Zip

Country

Zip

Country

34613

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBS, RICHARD O
HOLLAND & KNIGHT LLP
200 CENTRAL AVENUE #1600
ST. PETERSBURG FL 33701

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, 2002 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 ☐ Delete
NAME **P**
STREET ADDRESS **MCGROGAN, WILLIAM F**
CITY-ST-ZIP **10059 CORTEZ BLVD.**
BROOKSVILLE FL 34613

TITLE ☐ Change ☐ Addition
NAME **P**
STREET ADDRESS **McGrogan, William F.**
CITY-ST-ZIP **11373 Cortez Blvd Suite 208**
Brooksville, FL 34613

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

WILLIAM F. MCGROGAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/11/02

Date

(352) 596-3032

Daytime Phone #

CR2E034 (9/01)