2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000094325**

1. Entity Name

SIGNATURE:

FILED Jan 29, 2000 8:00 am Secretary of State

JEHHY C	J. PAUHIA, M.O., P.A.				01-29-2000 90080 00		•
Principal Place of Business		Mailing Address		 -			
6723 NW AMERICAN LN STE 2 LAKE CITY FL 32055 US		PO BOX 2129 LAKE CITY FL 32056-2129 US			, 1881 1878 1878 1871) 1881	4640	1801 81(1 188)
2. Principal Place of Business 4478 N.W. MEDICAL CENTER LA		3. Mailing Address			(14) 140 (14) (14) (14) (14) (14) (14) (14) (14)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE	
City & State LAKE CITY FL		City & State		4. FEI	Number 59-3543096	—— 	pplied For
Zip 3305		Zip	Country			\$8.75 Ac Fee Require	
	6. Name and Address of Current I	Registered Agent	Name _s	7. Nai	ne and Address of New Regist	ered Agent	
304 1	RTA, JERRY C MOSSY LANE : CITY FL 32024			ess (P.O. Box	Number is Not Acceptable)		
			City			FL Zìp Coo	e et
8. The above	named entity submits this statement for	the purpose of changing its r	registered office or reg	gistered agen	, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	: Registered Agent signature re	equired when reinst	aling)	DATE	
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)		!! FEE IS \$150.00 00 Fee will be \$550 le to Department of	.00 (10. Election Campaign Financir Trust Fund Contribution.	~ <u> </u>	DO May Be d to Fees
11.	OFFICERS AND I	DIRECTORS	12.	ADDI	TIONS/CHANGES TO OFFICER	S AND DIRECTOR	3S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADRTA, JERRY C ROUTE 21 BOX 442 LAKE CITY FL 32024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5112 007774 02257	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·.	☐ Delete	TITLE - NAME STREET ADDRESS CITY - ST - ZIP	:		☐ Change	Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Additio
TITLE NAME STREET ADDRESS GITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Additio
indicated	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that m	v signature shali have	the same lea	al effect as if made under oath:	that I am an office	r or director

1/10/2000

(904) 755-222