

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000094325

FILED
Apr 03, 2002 8:00 AM
Secretary of State

Entity Name: JERRY C. PADRTA, M.D., P.A.

Current Principal Place of Business:

4478 NW MEDICAL CENTER LANE
STE 180
LAKE CITY, FL 32055 US

New Principal Place of Business:

3810 SOUTH FIRST STREET
SUITE #1
LAKE CITY, FL 32055 US

Current Mailing Address:

PO BOX 2129
LAKE CITY, FL 320562129 US

New Mailing Address:

FEI Number: 59-3543096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PADRTA, JERRY C
344 SALAMANDER RT. 21 BOX 442
LAKE CITY, FL 32024

Name and Address of New Registered Agent:

PADRTA, JERRY C
304 MOSSY COURT RT. 21 BOX 442
LAKE CITY, FL 32024

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:

04/03/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PADRTA, JERRY C
Address: ROUTE 21 BOX 442
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY PADRTA

D

04/03/2002

Electronic Signature of Signing Officer or Director

Date