

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90060 006 ***150.00

DOCUMENT # P99000005790
1. Entity Name
Medical Specialists (pulmonary)
of St. Augustine, P.A.

Principal Place of Business 240 Southpark Cir. E. St. Augustine, FL 32086
Mailing Address 240 Southpark Cir. E. St. Augustine, FL 32086

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

City & State City & State

Zip **Country** **Zip** **Country**

4. FEI Number 59-3556461
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

Koufas, Sharon
240 Southpark Circle E.
St. Augustine, FL 32086

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Marathe, S.S.M.D. 240 Southpark Cir. E. St. Augustine, FL 32086	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4-9-01 904-824-8158
Date Daytime Phone #

CR2E034 (1/00)