

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010591

1. Entity Name

WYNDAL K. BLANKENSHIP, M.D., P.A.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90128 022 ***150.00

Principal Place of Business

Mailing Address

1179 MUIRFIELD WAY
 NICEVILLE FL

1179 MUIRFIELD WAY
 NICEVILLE FL 32578-4050

C0061629



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

120 John Sims Parkway

120 John Sims Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

Suite A

City & State

City & State

Valparaiso, FL

Valparaiso, FL

4. FEI Number

59-3567435

Applied For

Not Applicable

Zip

Country

Zip

Country

32580

United States

32580

United States

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

BLANKENSHIP, WYNDAL K
 1179 MUIRFIELD WAY
 NICEVILLE FL

Name

Blankenship, Wyndal K.

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

120 John Sims Parkway, Suite A

City

Valparaiso

FL

Zip Code
 32580

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, 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 Delete
 NAME D
 STREET ADDRESS BLANKENSHIP, WYNDAL K
 CITY-ST-ZIP 1179 MUIRFIELD WAY
 NICEVILLE FL

TITLE Change Addition
 NAME Blankenship, Wyndal K.
 STREET ADDRESS 120 John Sims Parkway, Suite A
 CITY-ST-ZIP Valparaiso, FL 32580

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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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:

WKB Blankenship
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-00

Date

850-678-6621

Daytime Phone #

CR2E034 (9/99)