

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014922

1. Entity Name

CHERYL L. FEE, M.D., P.A.

FILED

Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90220 023 ***150.00

Principal Place of Business

Mailing Address

484 JACKSONVILLE DR. STE. A
JACKSONVILLE BEACH FL 32250

484 JACKSONVILLE DR. STE. A
JACKSONVILLE BEACH FL 32250-3812

2. Principal Place of Business

3. Mailing Address

Coastal Pain Center
Suite, Apt. #, etc.

Coastal Pain Center
Suite, Apt. #, etc.

520 A1A North Suite 202

520 A1A North Suite 202

City & State
Ponte Vedra Beach FL

City & State
Ponte Vedra Beach FL

Zip
32082

Country
USA

Zip
32082

Country
USA

4. FEI Number

593558717

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

BARTLETT & HECKIN, P.A.
50 NORTH A1A STE. 103
PONTE VEDRA BEACH FL 32082

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FEE, CHERYL L
484 JACKSONVILLE DR. STE. A
JACKSONVILLE BEACH FL 32250 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Fee, Cheryl L
520 A1A North Suite 202
Ponte Vedra Beach FL 32082 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00

Date

904-280-1080

Daytime Phone #

CR2E034 (9/99)