2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2001 08:00 AM
Secretary of State

DOCUMENT # **P99000021815**

1. Entity Name
FLOYD A. STERN, M.D., M.B.A., INC.

Principal Place of Business	Mailing Address
601 LAURAL LANE LAKELAND FL 33813	601 LAURAL LANE LAKELAND FL 33813

2. Principal Place of Business	3. Mailing Address
601 LAUREL LANE	601 LAUREL LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKELAND FL	City & State: LAKELAND FL
Zip: 33813 / Country:	Zip: 33813 / Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3560371** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STERN FLOYD A
601 LAURAL LANE
LAKELAND FL
33813

7. Name and Address of New Registered Agent

Name: STERN FLOYD A
Street Address (P.O. Box Number is Not Acceptable): 601 LAUREL LANE
City: LAKELAND **FL** Zip Code: 33813

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 ____________________ 02/24/2001
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, 2001 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	D	☐ Delete	DR	☒ Change ☐ Addition
NAME	STERN FLOYD A		STERN FLOYD A	
STREET ADDRESS	601 LAUREL LANE		601 LAUREL LANE	
CITY-ST-ZIP	LAKELAND FL 33813		LAKELAND FL 33813	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: Floyd A. Stern Dr. 02/24/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #