

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90008 040 ***150.00

0047813 AV

DOCUMENT # P99000036439

1. Entity Name

HARRISON AVENUE MEDICAL COMPLEX, INC.

Principal Place of Business

**1827 HARRISON AVENUE
PANAMA CITY FL 32405**

Mailing Address

**1827 HARRISON AVENUE
PANAMA CITY FL 32405**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**COMBS, SAMUEL III
412 W. 19TH ST.
PANAMA CITY FL 32405**

7. Name and Address of New Registered Agent

Name

COMBS, SAMUEL III
Street Address (P.O. Box Number is Not Acceptable)
1827 HARRISON AVE

City

PANAMA CITY

FL

Zip Code

32405

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 *Samuel Combs III*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/1/02

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, 2002 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

TITLE **D** ☐ Delete
NAME **COMBS, SAMUEL L III**
STREET ADDRESS **1827 HARRISON AVENUE**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **D** ☐ Delete
NAME **SMITH, KENNETH W**
STREET ADDRESS **1827 HARRISON AVENUE**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Samuel L. Combs III* **Samuel L. Combs III** 4/1/02 850-785-6024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)