## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## DOCUMENT # P99000047619 Apr 19, 2000 8:00 am Secretary of State 1. Entity Name ROBERT JOHN BARRY, D.O. P.A. 04-19-2000 90017 027 \*\*\*158.75 Principal Place of Business Mailing Address 5134 S.E. FEDERAL HIGHWAY 5134 S.E. FEDERAL HIGHWAY STUART FL 34952-5545 STUART FL 34997 9410243 3. Mailing Address 2. Principal Place of Business 1846 SE RAST. LIVER BIND Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEl Number Applied For City & State 092060S Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANDERSON, WILLIAM D JR. Street Address (P.O. Box Number is Not Acceptable) 516 CAMDEN AVE. STUART FL 34994 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. BARRY, Robert J IN 1846 SEPORTSTEVER BIND PORT STEVER FL 34952 ☐ Addition Delete TITLE TITLE BARRY, ROBERT J NAME NAME STREET ADDRESS STREET ADDRESS 5134 S.E. FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITI E NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 of trustee proposers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or changed, or on an attachment w 1 John Borry - director 3/31