

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052740

1. Entity Name

JAMES E. PROVO, M.D., P.A.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90030 019 ***150.00

Principal Place of Business

3020 NORTH FEDERAL HIGHWAY
BUILDING 11
FORT LAUDERDALE FL 33306

Mailing Address

3020 NORTH FEDERAL HIGHWAY
BUILDING 11
FORT LAUDERDALE FL 33306-1417

2. Principal Place of Business

944 FERN DR

Suite, Apt. #, etc.

3. Mailing Address

944 FERN DR

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DELRAY BCH FL

City & State

DELRAY BCH FL

4. FFI Number

65-0926897

Applied For

Not Applicable

Zip

33483

Country

USA

Zip

33483

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PROVO, JAMES E M.D.
3020 NORTH FEDERAL HIGHWAY
BUILDING 11
FORT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name

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

944 FERN DR

City

DELRAY BCH FL

Zip Code

33483

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

TITLE **D** ☐ Delete
NAME **PROVO, JAMES E M.D.**
STREET ADDRESS **3020 NORTH FEDERAL HIGHWAY BUILDING 11**
CITY-ST-ZIP **FORT LAUDERDALE FL 33306**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **944 FERN DR**
STREET ADDRESS **DELRAY BCH FL 33483**
CITY-ST-ZIP

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

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/00

CR2E034 (9/99)