

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-19-2000 90030 019 ***150.00

DOCUMENT # P99000052740

1. Entity Name
JAMES E. PROVO, M.D., P.A.

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
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2. Principal Place of Business 944 FERN DR Suite, Apt. #, etc.	3. Mailing Address 944 FERN DR Suite, Apt. #, etc.
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City & State DELRAY BCH FL	City & State DELRAY BCH FL
Zip 33483	Country USA

4. FEI Number 65-0926897	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <input type="checkbox"/> Delete PROVO, JAMES E M.D. 3020 NORTH FEDERAL HIGHWAY BUILDING 11 FORT LAUDERDALE FL 33306	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 944 FERN DR DELRAY BCH FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 **4/29/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (19/99)