

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0005185 AV

DOCUMENT # P99000055036

1. Entity Name

ARTHUR W. BROWNING, JR., M.D., P.A.



FILED

03 OCT -3 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
CHECK HERE IF MAKING CHANGES

Principal Place of Business
9770 BAMEDONS ROAD #119
JACKSONVILLE FL 32256

Mailing Address
7622 HUNTERS GROVE ROAD
JACKSONVILLE FL 32256

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 59-3580797

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWNING, ARTHUR W JR
7622 HUNTERS GROVE ROAD
JACKSONVILLE FL 32256

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-29-03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWNING, ARTHUR W JR 7622 HUNTERS GROVE ROAD JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-29-03

CR2E034 (4/03)

ARTHUR W. BROWNING, JR.
M.D.
FAMILY PRACTICE
9770 BAYMEADOWS ROAD/SUITE 119
JACKSONVILLE, FLORIDA 32216
BY APPOINTMENT 904 / 642-5186



September 29, 2003

To Whom it may concern,

I am writing in regards to the attached UBR renewal application. This application was received on Thursday, September 25th. This was the first and only receipt of the application. A notice was not received in May. Therefore I am enclosing the original \$150.00 renewal fee. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Arthur W. Browning, Jr.' followed by a stylized flourish.

Arthur W. Browning, Jr. MD