

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056297

1. Entity Name

MARC L. DEMERS, M.D., P.A.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90006 004 ***150.00

Principal Place of Business

6520 ST. PARTIN PLACE
ORLANDO FL 32812

Mailing Address

6520 ST. PARTIN PLACE
ORLANDO FL 32812-3509

2. Principal Place of Business

140 E. Rockwood Way
Suite, Apt. #, etc.

3. Mailing Address

140 E. Rockwood Way
Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

59-3581585

Applied For

Not Applicable

Zip

32789

Country

USA

Zip

32789

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEMERS, MARC L M.D.
6520 ST. PARTIN PLACE
ORLANDO FL 32812

7. Name and Address of New Registered Agent

Name

Same

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

140 E. Rockwood Way

City

Winter Park

FL

Zip Code

32789

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

MARC L. DEMERS, MD

(NOTE: Registered Agent signature required when reinstating)

DATE

3.3.0

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Officer / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marc L. Demers M.D.	
STREET ADDRESS	140 E. Rockwood Way	
CITY-ST-ZIP	Winter Park FL 32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARC L. DEMERS, MD

Date

Daytime Phone #

CR2E034 /9/99