

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000060123**

1. Entity Name

SOUTH PINE MEDICAL RESEARCH, INC.**FILED****May 10, 2001 8:00 am**
Secretary of State

05-10-2001 90183 006 ***150.00

0418778

Principal Place of Business

**1500 S.E. MAGNOLIA EXTENSION
SUITE 202
OCALA FL 34471**

Mailing Address

**4047 NE 20TH ST
OCALA FL 34470
US**

2. Principal Place of Business

2810 SE 3RD CT.

3. Mailing Address

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

Zip

34471

Country

USA

Country

4. FEI Number **59-3631013**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**JONES, RICHARD T.
121 N.W. 3RD STREET
OCALA FL 34475**

7. Name and Address of New Registered Agent

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.

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, 2001 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 **JONES, PATRICIA A**
STREET ADDRESS **1500 S.E. MAGNOLIA EXTENSION, SUITE 202**
CITY-ST-ZIP **OCALA FL 34471**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **JONES, PATRICIA A.** ☒ Change ☐ Addition
NAME **2810 SE 3RD CT.**
STREET ADDRESS **OCALA, FL 34471**
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **P Jones MD, PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)