

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000064271**

1. Entity Name

CITRUS EMERGENCY SERVICES, P. A.**FILED**
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90165 042 ***150.00

Principal Place of Business

**1389 S. WATERVIEW DRIVE
INVERNESS FL 34450**

Mailing Address

**1389 S. WATERVIEW DRIVE
INVERNESS FL 34450**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3588084**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**FREDRICK, BRYAN D M.D.
1389 S. WATERVIEW DRIVE
INVERNESS FL 34450**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ARRINGTON, ROBERT A M.D.	
STREET ADDRESS	828 INVERIE DRIVE	
CITY-ST-ZIP	INVERNESS FL 34453	

TITLE	D	<input type="checkbox"/> Delete
NAME	BERNHART, WILLIAM R M.D.	
STREET ADDRESS	1723 NORTH DRIVE	
CITY-ST-ZIP	SARASOTA FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	JEAN, PATRICK R M.D.	
STREET ADDRESS	3198 CR 575	
CITY-ST-ZIP	BUSHNELL FL 33513	

TITLE	D	<input type="checkbox"/> Delete
NAME	FREDRICK, BRYAN D M.D.	
STREET ADDRESS	1389 S. WATERVIEW DRIVE	
CITY-ST-ZIP	INVERNESS FL 34450	

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		<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
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CITY-ST-ZIP		

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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

BYAN D FREDRICK**20 APRIL 01**

Date

Daytime Phone #

352-726

9158

CR2E034 (10/00)