

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065584

1. Entity Name

PIERRE GIRARD, M.D., P.A.

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90102 018 ***550.00

Principal Place of Business

88 UNO LAGO DR.
JUNO BEACH FL 33408

Mailing Address

88 UNO LAGO DR.
JUNO BEACH FL 33408

2. Principal Place of Business

621 SE Port St Lucie Blvd
Suite, Apt. #, etc.

3. Mailing Address

621 SE Port St Lucie Blvd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port St. Lucie, FL

City & State

Port St Lucie, FL

4. FEI Number

65-0936633

Applied For

Not Applicable

Zip
34984

Country
USA

Zip
34984

Country
USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSILLO, ROBERT A ESQ.
501 SEA OATS DR. SUITE A-1
JUNO BEACH FL 33408

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

7/18/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GIRARD, PIERRE M.D.
88 UNO LAGO DR.
JUNO BEACH FL 33408

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/2000 (561) 343 8000
Date Daytime Phone #

CR 1004 (6/99)