

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000083308**
 1. Entity Name **Stuart Medical Center, P.A.**

FILED

00 FEB 28 PM 2:48

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business **19 E. Osceola St.**
Stuart, Fl. 34994
 Mailing Address **19 E. Osceola St.**
Stuart, Fl. 34994

2. Principal Place of Business **19 E. Osceola St.**
 Suite, Apt. #, etc.
 3. Mailing Address **19 E. Osceola St.**
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Stuart, Fla.**
 Zip **34994** Country **USA**
 City & State **Stuart, Fl.**
 Zip **34994** Country **USA**

4. FEI Number **59-1768170**
 Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

Alison M. Equi
201 N. Colorado Ave.
Stuart, Fl. 34994

7. Name and Address of New Registered Agent

Name **Bruce C. Equi, D.O.**
 Street Address (P.O. Box Number is Not Acceptable) **Stuart Medical Center, P.A.**
19 E. Osceola St.
 City **Stuart** FL Zip Code **34994**

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  **Bruce C. Equi, D.O.** **2-16-00**
 Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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, 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|--------------------------|----------------------------|----------------------------|--------------------------|---------------------------------|
| President/Owner | Bruce C. Equi, D.O. | 19 E. Osceola St. | Stuart, Fl. 34994 | <input type="checkbox"/> |
| Vice President/Treasurer | Alison M. Equi | 201 N. Colorado Ave | Stuart, Fl. 34994 | <input type="checkbox"/> |
| Secretary | Joyce R. Equi | 2305 Old Buitt Rd. | Stuart, Fl. 34994 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:  **Alison M. Equi** **2/16/00** **(561) 286-2030**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)