

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2001 8:00 am**
Secretary of State

02-01-2001 90067 025 ***150.00

DOCUMENT # P99000093769

1. Entity Name

ROBERT B. DEHGAN, M.D., P.A.

Principal Place of Business

**327 JACKSONVILLE DRIVE
JACKSONVILLE BEACH FL 32250**

Mailing Address

**327 JACKSONVILLE DRIVE
JACKSONVILLE BEACH FL 32250**

2. Principal Place of Business

300 HEALTH PARK BLVD

3. Mailing Address

2730 U.S. 1 SOUTH

Suite, Apt. #, etc.

SUITE 4000

Suite, Apt. #, etc.

UNIT C

City & State

ST AUGUSTINE, FL

City & State

ST AUGUSTINE, FL

Zip

32086

Country

ST JOHNS

Zip

32086

Country

ST JOHNS4. FEI Number **69-3625299****59-3625299**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOTOLAW, INC.
50 NORTH LAURA STREET
SUITE 2750
JACKSONVILLE FL 32202**

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

N/A

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	DP			☐ Delete					☐ Change ☐ Addition
	DEHGAN, ROBERT B M.D.	327 JACKSONVILLE DRIVE	JACKSONVILLE BEACH FL 32250						
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ 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

Date

Daytime Phone #

CR2E034 (10/00)