

2000 UNIFORM BUSINESS REPORT (UBR)

9/5/00-90042-008-\$558.75-\$558.75

DOCUMENT # P99000096228

1. Entity Name

BRUCE R. MADDERN, M.D., P.A.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 29 PM 1:02

A0075193



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2717 FOREST CIRCLE
JACKSONVILLE FL 32257

Mailing Address

2717 FOREST CIRCLE
JACKSONVILLE FL 32257

2. Principal Place of Business

820 Prudential Drive

Suite, Apt. #, etc.

Suite 601, Howard Bldg.

City & State

Jacksonville Florida

Zip

32207

Country

USA

3. Mailing Address

820 Prudential Drive

Suite, Apt. #, etc.

Suite 601, Howard Bldg.

City & State

Jacksonville Florida

Zip

32207

Country

USA

4. FEI Number

59-3608651

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORD, JETER, BOWLUS & BUSS, P.A.
10110 SAN JOSE BLVD.
JACKSONVILLE FL 32257

Name

Bruce R. Maddern, M.D.

Street Address (P.O. Box Number is Not Acceptable)

820 Prudential Drive

Suite 601, Howard Building

City

Jacksonville, Florida

FL

Zip Code

32207

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 R. Maddern

President

8/20/00

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 \$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
MADDERN, BRUCE R M.D.
2717 FOREST CIRCLE
JACKSONVILLE FL 32257

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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:

Bruce R. Maddern
BRUCE R. MADDERN

Date

8/29

Daytime Phone #

(904) 398 5437

CR2E034 (5/00)