

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096228

1. Entity Name

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

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90023 014 \*\*\*158.75

Principal Place of Business

820 PRUDENTIAL DRIVE  
SUITE 601, HOWARD BLDG  
JACKSONVILLE FL 32207

Mailing Address

820 PRUDENTIAL DRIVE  
SUITE 601, HOWARD BLDG  
JACKSONVILLE FL 32207

2. Principal Place of Business

820 Prudential Drive

3. Mailing Address

820 Prudential Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 315, Howard Bldg.

Suite 315, Howard Bldg.

City & State

City & State

Jacksonville, Fla.

Jacksonville, Florida

Zip

Country

32207

Duval

Zip

Country

32207

Duval



DO NOT WRITE IN THIS SPACE

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

MADDEN, BRUCE R MD  
820 PRUDENTIAL DRIVE  
SUITE 601, HOWARD BLDG  
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

Maddern, Bruce R. m.d.

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

820 Prudential Drive

Suite 315, Howard Bldg.

City

Jacksonville

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

Signature, typed or printed name of registered agent and title if applicable.

President

4/27/01

(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 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

☐ Delete

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Delete

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☐ Change ☐ Addition

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☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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

Bruce R. Maddern

Date

Daytime Phone #

4/27/01 (904) 398-5437

CR2E034 (10/00)

0018647