

FILED
Jul 18, 2001 8:00 am
Secretary of State

00058973



DO NOT WRITE IN THIS SPACE

DOCUMENT # P990000097877

1. Entity Name
JOAN M. DVORAK, P.A.

Principal Place of Business
29259 U.S. HWY 19 N.
CLEARWATER FL 33761

Mailing Address
29259 U.S. HWY 19 N.
CLEARWATER FL 33761

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-3614520

Applied For
Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DVORAK, JOAN M
29259 U.S. HWY 19 N.
CLEARWATER FL 33761

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

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 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PT
DVORAK, JOAN M
29259 U.S. HWY 19 N.
CLEARWATER FL 33761

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
RAMSAY, GEORGE R
2654 MEADOW MORE EAST
CHAMBLEE GA

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
TOFARI, MARY L
450 BAY AVE
CLEARWATER FL 33756

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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]
Typed Name: JOAN M. DVORAK
Date: July 3, 01
Filing Number: 787-4000