

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000099906**

1. Entity Name

**SABINE IRENE MCREYNOLDS, MD, PA****FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90213 009 \*\*\*150.00

Principal Place of Business

Mailing Address

**101 PIONEER ROAD  
PALATKA FL 32177****PO BOX 1740  
PALATKA FL 32178**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-3567717**

Applied For

Not Applicable

Zip

Country

Zip

Country

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****MCREYNOLDS, SABINE IRENE  
101 PIONEER ROAD  
PALATKA FL 32178**

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 \$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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **C** ☐ Delete  
NAME **MCREYNOLDS, SABINE IRENE**  
STREET ADDRESS **101 PIONEER ROAD**  
CITY-ST-ZIP **PALATKA FL 32178**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)

Attachment

976793

#P99000099906

**Sabine Irene McReynolds, M.D. PA**  
**Internal Medicine**

101 Pioneer Road

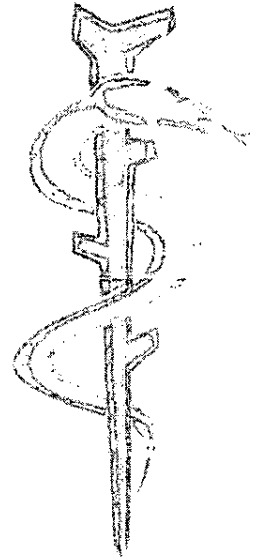
Phone: (904) 326-9800

Fax: (904) 326-9809

May 1, 2001

To Whom It May Concern:

I am writing because I had lost the self-addressed envelope that came with the original mailing of this report. I sent our Uniform Business Report in a regular envelope and received it back today because I had written PO Box 1200 on it instead of the correct address, which is PO Box 1500. Please accept the \$150.00 payment for our filing instead of the \$550.00 payment for after May 1. I made an honest mistake and I would appreciate you accepting the \$150.00 since I actually sent it on time. Thank you.



Sincerely,

William D. Taylor  
Office Manager