

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2002 8:00 am
Secretary of State

07-25-2002 90127 044 ***150.00

DOCUMENT # P99000101236

1. Entity Name

PHYSICIAN ASSISTANT SERVICES OF BREVARD, INC.

Principal Place of Business

PO BOX 1261

MELBOURNE FL 32901

32901

Mailing Address

PO BOX 1261

MELBOURNE FL 32901

32901

2. Principal Place of Business

3. Mailing Address

PO BOX 1261

Melbourne FL 32901

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3610874

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

HAMILTON, BOONE

509 FEE AVE

MELBOURNE FL 32901

Name

HAMILTON Boone

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

1501 Pine St

Melbourne FL 32901

City

Melbourne

FL

Zip Code

32901

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	BOONE, C HAMILTON	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	PO BOX 1261		
	MELBOURNE FL 32901		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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

7/6/01

321.409.8941

Date

Daytime Phone #

CR2E034 (4/02)



PHYSICIAN ASSISTANT SERVICES, INC.

Attachment
P99 000101236
60132356

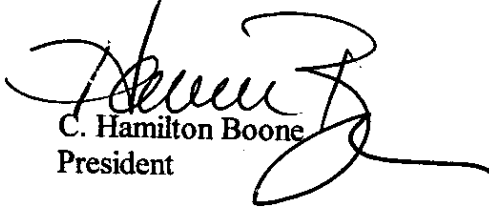
July 15, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee FL 32302-1500

Re: 2002 Uniform Business Report (UBR) for Physician Assistant Services of Brevard, Inc.

Please note that the mailing address listed is wrong so the corporation never received the prior notice. Please waive the \$400 penalty fee and make the proper correction.

Sincerely,


C. Hamilton Boone
President


Professional Surgical Assisting

P.O. BOX 1261
Melbourne, Florida 32901

Phone: 321-409-8941
Fax : 321-409-9392
Email: pas@springmail.com