

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90092 035 ***150.00

DOCUMENT # P99000104242

1. Entity Name
JAIMELA J. DULANEY, M.D., P.A.

Principal Place of Business Mailing Address
1238 FISHTAIL PALM COURT **1238 FISHTAIL PALM COURT**
NORTH PORT FL 34286 **NORTH PORT FL 34286**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2495 CARING WAY
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Port Charlotte Florida

4. FEI Number Applied For
06-1565302 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 Zip Country Zip Country
33952 **Charlotte**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DULANEY, JAIMELA J 1238 FISHTAIL PALM COURT NORTH PORT FL 34286		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 *J. Dulaney* DATE 3/14/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D DULANEY, JAIMELA J 1238 FISHTAIL PALM COURT NORTH PORT FL 34286	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *J. Dulaney* **Jaimela J. Dulaney** 3/14/00 941 235-9229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)