

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State

08-22-2000 90234 030 ***550.00

DOCUMENT # P99000104938

1. Entity Name
JAMES E. LEMIRE, M.D., P.A.

Principal Place of Business Mailing Address
~~2332 ALACHUA POINT~~ ~~2332 ALACHUA POINT~~
~~HERNANDO FL 34442~~ ~~HERNANDO FL 34442~~

2. Principal Place of Business 3. Mailing Address
CITRUS HILLS FAMILY PRACTICE **4065 N. LECANTO HWY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 100

City & State City & State
BEVERLY HILLS **BEVERLY HILLS, FL**

Zip Country Zip Country
344 **US**

4. FEI Number Applied For
59-3616510 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

LEMIRE, JAMES E Name
~~2332 ALACHUA POINT~~ **4065 N. LECANTO HWY** Street Address (P.O. Box Number is Not Acceptable)
~~HERNANDO FL 34442~~ **BEVERLY HILLS, FL 34465**

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 _____ (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, 2000 Min. 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	PHYSICIAN/PRESIDENT <input type="checkbox"/> Delete JAMES E. LEMIRE, M.D., PA 4065 N. LECANTO HWY BEVERLY HILLS, FL 34465	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: **JAMES E. LEMIRE** Date: **8/16/00** Daytime Phone # _____

CR2E034 (5/00)

I Resent paying the Dept of State

\$ 550.00 just for Being James E.

Lemire M.D., PA considering us

a corporation. Exactly what is

this money for? The State

should Be accountable for

Taking advantage of hard

working people.

Mrs. Lemire