

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/28

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**  
 03-28-2000 90007 032 \*\*\*150.00

**DOCUMENT # P99000106678**

1. Entity Name

**JOHN W. SWISHER, PH. D., M.D., P.A.**

Principal Place of Business

Mailing Address

**3920 BEE RIDGE ROAD  
 BLDG. C. SUITE C  
 SARASOTA FL 34233**

**3920 BEE RIDGE ROAD  
 BLDG. C. SUITE C  
 SARASOTA FL 34233**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0965222**

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

**MYERS, TROY H JR.  
 2033 MAIN STREET  
 SUITE 600  
 SARASOTA FL 34237**

Name

**Lee McGinness**

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

**1800 Second Street, Suite 921**

City

**Sarasota FL 34236 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]*

*[Signature]*

**3-14-00**

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, 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>SWISHER, JOHN W PH.D.MD<br/>3920 BEE RIDGE ROAD, BLDG. C, SUITE C<br/>SARASOTA FL 34233</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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:

*[Signature]*

**3-14-00**

Date

**941-923-8353**

Daytime Phone #

CR2E034 (9/99)