

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S55162

1. Entity Name

ARTHRITIS ASSOCIATES & PRIMARY CARE OF NORTH FLO

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90110 029 ***150.00

Principal Place of Business

Mailing Address

6440 W. NEWBERRY RD.
SUITE 106
GAINESVILLE FL 32605
US

6440 W. NEWBERRY RD.
SUITE 106
GAINESVILLE FL 32605-4368
US

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

59-3065000

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

THOBURN, ROBERT
6440 W. NEWBERRY ROAD
SUITES 106 AND 107 no longer exists
GAINESVILLE FL 32605

Name

T. Mark Lloyd

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

6440 W Newberry Road Ste 106

City

Gainesville

FL

Zip Code

32605

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

T. Mark Lloyd Sr. SK

T. Mark Lloyd Sr. SK

4/7/00

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, 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	D	<input checked="" type="checkbox"/> Delete
NAME	THOBURN, ROBERT	
STREET ADDRESS	6440 W. NEWBERRY RD.#106	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LONGLEY, SELDEN III	
STREET ADDRESS	6440 W. NEWBERRY RD.#106	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LLOYD, T. MARK SR.	
STREET ADDRESS	6440 W. NEWBERRY RD.#106	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	YANCEY, W. BRUCE JR.	
STREET ADDRESS	6440 W. NEWBERRY RD.#106	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

4/7/00

352-333-5171

CR2E034 (9/99)