

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90103 028 ***150.00

DOCUMENT # S55284

1. Entity Name

MICHAEL E. MCIVOR, M.D., P.A.

Principal Place of Business

601 7TH STREET SOUTH
 ST PETERSBURG FL 33701
 US

Mailing Address

601 7TH STREET SOUTH
 ST PETERSBURG FL 33701
 US

2. Principal Place of Business

900 Central Avenue

Suite, Apt. #, etc.

3. Mailing Address

900 Central Avenue

Suite, Apt. #, etc.

City & State

St Petersburg FL

Zip

33705

Country

USA

City & State

St. Petersburg FL

Zip

33705

Country

USA

4. FEI Number

59-3067044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MCIVOR, MICHAEL E
 601 7TH STREET SOUTH
 ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

McIVOR, Michael E

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

900 Central Avenue

City

St Petersburg

Zip Code

33705

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

Michael E. McIvor

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when reinstating)

4/23/01

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, 2001 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

TITLE	D	☐ Delete
NAME	MCIVOR, MICHAEL E	
STREET ADDRESS	1329 50TH AVE NE	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ 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:

Michael E. McIvor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-01

Date

Daytime Phone #

CR2E034 (10/00)