

2002 UNIFORM BUSINESS REPORT (UBR)

0006329 AV

DOCUMENT # **S77080**

1. Entity Name
MEDICAL DRIVE VENTURES II, INC.

FILED

02 JUL 30 AM 9:04

Principal Place of Business
**1623 MEDICAL DRIVE
TALLAHASSEE FL 32308**

Mailing Address
**1623 MEDICAL DRIVE
TALLAHASSEE FL 32308**
**PO Box 12219
32317**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3091696**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BEECKLER, DONALD C., M.D.
1623 MEDICAL DR
TALLAHASSEE FL 32308**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00
After September 13, 2002 Fee 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	P BEECKLER, DONALD C., M.D. 1623 MEDICAL DR TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BEECKLER, DONALD C., M.D. PO BOX 12219 TALL, FL 32317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LOEVINGER, ERIC H., M.D. PO BOX 12219 TALL, FL 32317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS- STORM, BRETT L., MD PO BOX 12219 TALL, FL 32317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300006881083-4 -08/05/02--01002--031 ****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD C BEECKLER 7/21/02

Date

942-4497

Daytime Phone #

CR2E034 (4/02)

Attachment
Doc. # S 77080

MEDICAL DRIVE VENTURES, II
POST OFFICE BOX 12219
TALLAHASSEE, FLORIDA 32317
850-942-4497
June 22, 2002

Division of Corporations
P O Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern:

Usually the fee for this report is \$150.00. In May, I called your office to find out what to do about filing our report and informed them that we had not received an invoice yet. I was told to wait until the invoice came in to pay, then send in a letter stating that the original invoice was not received. Per the instructions of an unnamed party in your office, this is in compliance to what I was told to do.

Please accept the \$150.00 check as full payment for these fees.

Please note the change in our mailing address. Thank you very much.

Respectfully,



Linda N. Boykin
Financial Assistant