

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S79783

1. Entity Name

CARROLL A. ENGLISH, M.D., P.A.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90115 021 \*\*\*150.00

Principal Place of Business

11181 HEALTH PARKE BLVD.  
#2220  
NAPLES FL 33942  
US

Mailing Address

11181 HEALTH PARKE BLVD.  
#2220  
NAPLES FL 34110-5734  
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 65-0291332

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

NAPLES LAWDOK INC  
4501 TAMiami TRAIL NORTH  
STE. 300  
NAPLES FL 34103

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.

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 \$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
ENGLISH, CARROLL A, MD  
11181 HEALTH PARK BLVD., SUITE 2220  
NAPLES FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
ENGLISH, CARROLL A, MD  
11181 HEALTH PARK BLVD., SUITE 2220  
NAPLES FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-00 941-591-1111

CR2E034 (9/99)

Carroll A. English, M.D.

Orthopedic Surgeon

TEL: (941) 591-1111 • FAX: (941) 591-8652

11181 Health Park Blvd. • Suite 2220

Naples, Florida 34110

Could I please get  
some information as to  
what my \$150.00 goes  
to. - The State of  
Florida has more ways  
to interfere with medical  
Practice each year. They  
want us finger printed,  
taxed, registered and turned  
inside out. - Why would  
any sane person want to  
be a doctor anymore? -  
- Tell me where my hard-  
earned \$150.00 is going please!