2001 UNIFORM BUSINESS REPORT (UBR)

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Apr 03, 2001 8:00 am Secretary of State **DOCUMENT # \$97534** 1. Entity Name DUDLEY A. BARINGER, M.D., P.A. 04-03-2001 90037 025 ***150.00 Principal Place of Business Mailing Address 120 HEALTH PARK BLVD SUITE 1 120 HEALTH PARK BLVD SUITE 1 ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3104099 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARINGER, DUDLEY A. Street Address (P.O. Box Number is Not Acceptable) 120 HEALTH PARK BLVD SUITE 1 ST. AUGUSTINE FL 32086 Zip Code urpose of changing its registered office or registered agent, or both, in the State of Florida: 8. The above named en Signature, typed or printed name of re (NOTE: Registe FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete ☐ Addition TITLE TITLE BARINGER, DUDLEY MD PA NAME NAME **50 WATER ST** STREET ADDRESS STREET ADDRESS ST AUGUSTINE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLÈ ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 the 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 rustee expedienced to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation or the receiver or rustee expedienced to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation or the receiver or rustee expedienced to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation or the receiver or rustee expedienced to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation or the receiver or rustee expedienced to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of the rustee expedienced to execute his rustee and rustee and rustee execute his rustee and rustee of the corporation or the received changed, or on an attachment