

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V06927**

1. Entity Name
LYNN C. GARNER, M.D. & ASSOCIATES, CHARTERED ✓

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90079 011 ***550.00

Principal Place of Business 645 N. HIGHWAY 231 PANAMA CITY FL 32405 US	Mailing Address 645 N. HIGHWAY 231 PANAMA CITY FL 32405 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>643 N Highway 231</i> Suite, Apt. #, etc.	3. Mailing Address <i>643 N Highway 231</i> Suite, Apt. #, etc.
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City & State <i>Panama City, FL</i>	City & State <i>Panama City, FL</i>	4. FEI Number 59-3105342	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32405</i>	Country <i>USA</i>	Zip <i>32405</i>	Country <i>USA</i>

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GARNER, LYNN C.
645 N. HIGHWAY 231
PANAMA CITY FL 32405

7. Name and Address of New Registered Agent
 Name: *LYNN C. GARNER*
 Street Address (P.O. Box Number is Not Acceptable): *643 N Highway 231*
 City: *Panama City* FL Zip Code: *32405*

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: *Lynn C Garner* **LYNN C GARNER** *7/11/00*
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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARNER, LYNN C. M.D. 645 N. HIGHWAY 231 PANAMA CITY FL 32405	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Garner, Lynn C, M.D.</i> <i>643 Highway 231</i> <i>Panama City, FL 32405.</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>address only</i>
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
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
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 GARNER* **7/11/00** **850-763-0243**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2000-14-15(FR)