

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90026 024 ***150.00

DOCUMENT # V50878

1. Entity Name

PAUL D. DERNBACH, M.D., P.A.

Principal Place of Business

680 GOODLETTE ROAD
 NAPLES FL 33942

Mailing Address

680 GOODLETTE ROAD
 NAPLES FL 33942

2. Principal Place of Business

730 Goodlette Rd N

3. Mailing Address

730 Goodlette Rd N

Suite, Apt. #, etc.

100B

Suite, Apt. #, etc.

100B

City & State

Naples, FL

City & State

Naples, FL

Zip

34102

Country

USA

Zip

34102

Country

USA

4. FEI Number

65-0350125

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

DERNBACH, PAUL
 680 GOODLETTE ROAD
 NAPLES FL 33942

Name

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

730 Goodlette Rd N. #100B

City Naples

FL

Zip Code

34102

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

Paul D. DERNBACH

1/30/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
 NAME DERNBACH, PAUL ☐ Delete
 STREET ADDRESS 680 GOODLETTE ROAD
 CITY-ST-ZIP NAPLES FL

TITLE ☒ Change ☐ Addition
 NAME 730 Goodlette Rd. N. #100B
 STREET ADDRESS Naples, FL 34102
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Paul D. DERNBACH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01

Date

Daytime Phone #

CR2E034 (10/00)