## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 63 4058 Jeffrey Dee Fleigel, m.D., F.A.C.S., P.A.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

## FILED Jun 24, 2002 8:00 am Secretary of State

06-24-2002 90297 010 \*\*\*150.00

Daytime Phone #

	DO NOT WRITE	IN THIS S	PACE				
2. Principal Place of Business 1400 SE Magnolia Ett 1		3. Mailing Address	1400 SF Magnolia Ext		965341		
Suite, Apt		Suite, Apt. #, etc.	11.011.00		DO NOT WRITE IN THIS SPACE		
City & Sta	a FL	City & State	FL	4. F	El Number 59 - 1592599	Applied For Not Applicable	
Zip 3 4 4	71 Country US 4	Zip 3 4 4 7 1	Country U.SA	<b>5.</b> C	Certificate of Status Desired	\$8.75 Additional	
,	مديد ي يندين	and the second s	Name	7. Nai	me and Address of Current Registere	ed Agent	
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	the second secon	etakon erre erre erre erre erre erre erre er	Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
*	IN THIS SP	ACE	2631	- 4	NW 41st St.	<del></del>	
			CityGai			Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or ragio	nes o	ILE FL	Zip Code 7 2 6 06	
	,	and perpende of origing its	registered unice of regis	ilered age	rit, or both, in the State of Florida.	-	
SIGNATURE .	Signature, typed or printed name of registered agent ar					ĺ	
	<del></del>		: Registered Agent signature requi	ired when rein	nstating) DATE		
Tax filing requirement and elects to do so. (See criteria on back)  After May Amended Make Check Payab			ay 1 Fee is \$150.00 1, Fee is \$550.00 1 UBR is \$61.25 le to Department of S	tate	Election Campaign Financing     Trust Fund Contribution.  [	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	IRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fleigel, Jeffre 1400 SE Mag Ocala FL 3	y Dee Kolia Eut. 4471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	.,			
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CITY-ST-ZIP			CITY-ST-ZIP			1	
13. I hereby ce indicated o of the corp attachment	ortify that the information supplied with the on this report or supplemental report is true oration or the receiver or trustee empower with an address, with all other like empowers.	is filing does not qualify for the grand accurate and that my ered to execute this report a wered.	ne exemption stated in So	ection 119 same lega 307, Florida	3.07(3)(i), Florida Statutes. I further cert al effect as if made under oath; that I ar a Statutes; and that my name appears	ify that the information n an officer or director in Block 11 or on an	



Stachart 969241

## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 11, 2002

JEFFREY DEE FLEIGEL, M.D., F.A.C.S., P.A. 1400 SE MAGNOLIA EXT. OCALA, FL 32671

SUBJECT: JEFFREY DEE FLEIGEL, M.D., F.A.C.S., P.A. Ref. Number: 634058

We have received your document for JEFFREY DEE FLEIGEL, M.D., F.A.C.S., P.A. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

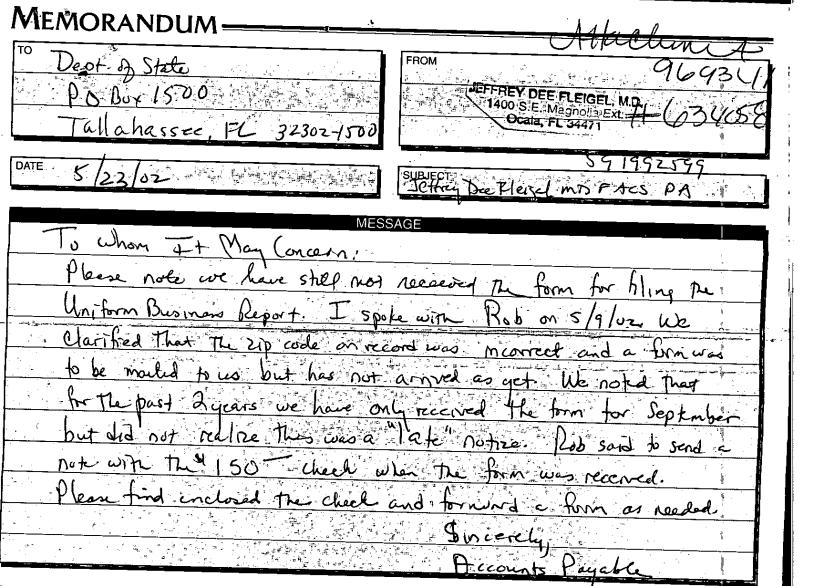
If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers Document Specialist

Letter Number: 402A00038223

6/17/02 Please Note Change in mailing address box #11 and corrected Zip code for box #2 + #4.

haled 6-18-02



NO REPLY NECESSARY