2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State
02-17-2002 90048 050 ***150.00

DOCUMENT # **G89234**

1. Entity Name
PETER B. RUY, M.D. P.A.

Principal Place of Business	Mailing Address
4170 MUTTER RD SAINT CLOUD FL 34769 US	4170 MUTTER RD SAINT CLOUD FL 34769 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
720 WEST OAK St.		4552 LAKE CALABAY DRIVE	
Suite, Apt. #, etc. 303		Suite, Apt. #, etc. —	
City & State KISSIMMEE FL.		City & State ORLANDO FL	
Zip 34741	Country USA	Zip 32837	Country USA

4. FEI Number **54-2400843** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUY, PETER B., M.D.
4170 MUTTER RD
SAINT CLOUD FL 34769

7. Name and Address of New Registered Agent

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, 2002 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	P RUY, PETER B., M.D. 4170 MUTTER RD SAINT CLOUD FL 34769 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. RUY PETER B. MD 4552 LAKE CALABAY Dr ORLANDO FL 32837 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: Peter B. Ruy MD REQUIRED 2/1/02 (407)342-8761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #