

FILED
Jun 08, 2001 8:00 am
Secretary of State

05-10-2001 90155 016 ***150.00

7346



DO NOT WRITE IN THIS SPACE

DOCUMENT# K55563			
1. Entity Name DOUGLAS C. GULA, D.O., P.A.			
Principal Place of Business 1010 CEREAL AVENUE #311 HAMILTON OH 45013 US		Mailing Address 1323 STEPHANIE DR HAMILTON OH 45013 US	
2. Principal Place of Business 5151 Morning Sun Rd Suite, Apt. #, etc. Suite A		3. Mailing Address Suite, Apt. #, etc.	
City & State Oxford Ohio		City & State	
Zip 45056		Country Butler	
4. FEI Number 65-0090376		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLEIN, STUART B 1551 FORUM PLACE SUITE 400 B WEST PALM BEACH FL 33401		7. Name and Address of New Registered Agent Name James Quick, Esq. Street Address (P.O. Box Number is Not Acceptable) 2151 South U Highway City Jupiter FL Zip Code 33477	
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 <i>James R Quick</i> Signature, typed or printed name of registered agent and title if applicable.		DATE 6/2/01 DATE	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/>		\$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	DPST GULA, DOUGLAS C 1323 STEPHANIE DR HAMILTON OH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 fees empowered.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/2/01 Daytime Phone # 513-524-4290	

CR2E034 (10/00)