2002 UNIFORM BUSINESS REPORT (UBR)

Feb 04, 2002 8:00 am Secretary of State DOCUMENT # K55563 1. Entity Name 02-04-2002 90347 035 ***150.00 DOUGLAS C. GULA, D.O., P.A. Principal Place of Business Mailing Address 5151 MORNING SUN RD 1323 STEPHANIE DR SUITE A HAMILTON OH 45013 OXFORD OH 45056 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0090376 APPLIED FOR Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent QUICK, JAMES ESQ Street Address (P.O. Box Number is Not Acceptable) 2151 SOUTH US HWY ONE JUPITER FL 33477 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition CR2E034 (9/01) TITLE Delete TITLE NAME **GULA, DOUGLAS C** NAME STREET ADDRESS 1323 STEPHANIE DR STREET ADDRESS CITY-ST-ZIP HAMILTON OH CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental apont is true and accurate and test 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 exhipowared to execute his eport as required by Chapter 607, Florida Statutes; and that my same appears in Block 11 or Block 12 if

of the corporation or the receiver or try changed, or on an attachment with ar

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Daytime Phone #