


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91465 033 ***150.00

DOCUMENT # P0000009041

1. Entity Name
PAUL BORGMAN, D.O., P.A.



Principal Place of Business
**1411 S. 14TH STREET
SUITE B
FERNANDINA BEACH, FL 32034**

Mailing Address
**1411 S. 14TH STREET
SUITE B
FERNANDINA BEACH, FL 32034**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**BORGMAN, PAUL G
1411 S. 14TH STREET, STE. B
FERNANDINA, FL 32034**

7. Name and Address of New Registered Agent
Name
INTRASTATE REGISTERED AGENT CORP.
Street Address (P.O. Box Number is Not Acceptable)
701 BRICKELL AVENUE, STE. 3000
City **MIAMI** State **FL** Zip Code **33131**

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. I am familiar with, and accept the obligations of registered agent, **INTRASTATE REGISTERED AGENT CORPORATION**

SIGNATURE *[Signature]*
Signature, typed or printed name of signing officer or director. Signature required when withdrawing. DATE

FILE NOW! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	BORGMAN, PAUL	4963 SPANISH OAKS CIRCLE	FERNANDINA BEACH, FL 32034	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul Borghman* 4/18/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)