2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State
02-05-2003 90170 011 ***150.00

DOCUMENT # P02000043532

1. Entity Name
CHARLOTTE D. OWENS, M.D., P.A.

Principal Place of Business	Mailing Address
10243 EMERALD WOODS AVE ORLANDO FL 32836	10243 EMERALD WOODS AVE ORLANDO FL 32836

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
16308 Turnbridge Ct	PO Box 272081
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33647 Country: USA	Zip: 33688 Country: USA

4. FEI Number: 01-0660503 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OWENS, CHARLOTTE D M.D.
10243 EMERALD WOODS AVE
ORLANDO FL 32836

7. Name and Address of New Registered Agent

Name: OWENS, CHARLOTT D M.D.
Street Address (P.O. Box Number is Not Acceptable): 16308 Turnbridge Court
City: Tampa, FL Zip Code: 33647

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.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OWENS, CHARLOTTE D M.D. 10243 EMERALD WOODS AVE ORLANDO FL 32836 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OWENS, CHARLOTTE D M.D. 16308 Turnbridge Court TAMPA, FL 33647 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 2/2/03 — 813-979-4659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)