

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000060008

FILED  
Aug 19, 2003  
Secretary of State

Entity Name: CROSS CREEK MEDICAL,PA

**Current Principal Place of Business:**

1381 CROSS CREEK CIRCLE  
#A  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

1381 CROSS CREEK CIRCLE  
#A  
TALLAHASSEE, FL 32301

**New Mailing Address:**

FEI Number: 14-1852106      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAMPSON, WAYNE A MD  
1605 GROVELAND HILLS DR.  
TALLAHASSEE, FL 32317

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES ( ) Change (X) Addition  
Name: SAMPSON, WAYNE A MD  
Address: 1381 A CROSS CREEK CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32301 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE SAMPSON

PRES

08/19/2003

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date