FILED
Jul 10, 2003 8:00 am
Secretary of State

6 06-30-2003 90062 049 ***558.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000086882 (L)

1. Entity Name
LAURIE L. GUTSTEIN, M.D., P.A.

[redacted]

55050821

Principal Place of Business	Mailing Address
6013 WEST RIVERSIDE DRIVE FORT MYERS, FL 33919	6013 WEST RIVERSIDE DRIVE FORT MYERS, FL 33919

[redacted]

2. Principal Place of Business	3. Mailing Address
	Green, Schoenfeld + Kyle Suite 320
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1520 Royal Palm Square Blvd
City & State	City & State Fort Myers, FL
Zip / Country	Zip 33919 / Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 43-1971683 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUTSTEIN, LAURIE L MD 6013 WEST RIVERSIDE DRIVE FORT MYERS, FL 33919	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ 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	P/V/T/S/D/C ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LAURIE L. GUTSTEIN, M.D., P.A.	NAME	
STREET ADDRESS	6013 W. RIVERSIDE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: Laurie L. Gutstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #