


112

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **2000131264**

1. Entity Name
Barefoot Doctor Inc.



FILED
 2 050 JAN -3 PM 4: 12
 SECRETARY OF STATE,
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
300 17st #102

3. Mailing Address
300 17st #102

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33139

Zip
33139

Country

Country

REINSTATEMENT 04

4. FEI Number
03-0497848

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
DR. R. Scott Gillis

Street Address (P.O. Box Number is Not Acceptable)
300 17st #102

City
MIAMI

State
FL

Zip Code
33139

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 _____

January 1 - May 1, Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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	P GILLIS DR. R. SCOTT 300 17st #102 MIAMI FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(f), 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 on an attachment with an address, with all other officers or directors.

SIGNATURE:  **12-12-04** **11ma**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (4/2002)

2/2

**BAREFOOT DOCTOR, INC.
300 17 ST#102
MIAMI FL 33139**

December 12, 2004

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

**REF: BAREFOOT DOCTOR, INC
P02000131264**

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,



Gillis Dr. R. Scott