

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


FILED

03 JUN 30 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD2000131244

1. Entity Name
BAREFOOT DOCTOR, FNC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>300 17 ST</u>		3. Mailing Address <u>300 17 ST</u>	
Suite, Apt. #, etc. <u># 102</u>		Suite, Apt. #, etc. <u># 102</u>	
City & State <u>MIAMI FLORIDA</u>		City & State <u>MIAMI FLORIDA</u>	
Zip <u>33139</u>	Country <u>USA</u>	Zip <u>33139</u>	Country <u>USA</u>

300021197223
06/30/03--01076--003 **150.00

4. FEI Number
03-0497848

Applied For
 Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
DR. R. SCOTT GILLIS

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

City
MIAMI 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 _____ (NOTE: Registered Agent signature required when restate g) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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	<u>P DR. R. SCOTT GILLIS 1940 PARIC AVENUE #207 MIAMI BEACH FL 33139</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 file 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 persons empowered.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034B (12/02)

BAREFOOT DOCTOR, INC.
300 17 ST SUITE 102
Miami, FL 33139

May 19, 2003

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

GS/re