

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

**Apr 24, 2001 8:00 am
Secretary of State**

04-24-2001 90026 010 ***150.00

DOCUMENT # P92000014298

1. Entity Name
F. LEIGH PHILLIPS, III, M.D., P.A.

Principal Place of Business Mailing Address
~~985 UNIVERSITY DR~~ ~~985 UNIVERSITY DR~~
~~CORAL SPRINGS FL 33071~~ ~~CORAL SPRINGS FL 33071~~

2. Principal Place of Business 3. Mailing Address
2855 University DR **2855 University DR**
Suite, Apt. #, etc. Suite, Apt. #, etc.
400 **400**

City & State City & State
CORAL SPRINGS FL **CORAL SPRINGS FL**
Zip Country Zip Country
33065 **BROWARD** **33065** **BROWARD**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0374602 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

PHILLIPS, F. LEIGH III
~~1505 UNIVERSITY DR~~
~~CORAL SPRINGS FL 33071-6041~~

Name
Street Address (P.O. Box Number is Not Acceptable)
2855 University DR.
Suite # 400
City State Zip Code
CORAL SPRINGS **FL** **33065**

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.

SIGNATURE DATE **4/14/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, LEIGH F. III	
STREET ADDRESS	985 UNIVERSITY DR	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P. LEIGH PHILLIPS III	
STREET ADDRESS	2855 UNIVERSITY DRIVE #400	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Date **4/14/01** Daytime Phone # **954-344-4344**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UBR019

CR2E034 (10/00)