


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

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

06-16-2003 90142 010 \*\*\*550.00

DOCUMENT # P96000072631  
1. Entity Name  
- EILEEN F. FARWICK, D.O., P.A. ✓



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 10,000 W. Colonial Dr. Suite, Apt. #, etc. 386		3. Mailing Address 10,000 W. Colonial Dr. Suite, Apt. #, etc. 386	
City & State Ocoee, FL		City & State Ocoee, FL	
Zip 34761	Country USA	Zip 34761	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3399780		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Broom, Gwen D., Esq  
Street Address (P.O. Box Number is Not Acceptable): 430 N. Mills Ave.  
City: Orlando FL Zip Code: 32803

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 reinstating) DATE \_\_\_\_\_

<p>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.</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FARWICK, Eileen F. D.O. 10,000 W. Colonial Dr, Ste 386 Ocoee, FL 34761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Eileen F. Farwick, D.O. Date: 6/10/03 (407) 296-1990

CR2E034B (12/02)