

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000077815

FILED
Jan 11, 2002 8:00 AM
Secretary of State

Entity Name: THOMAS L. LAWRENCE, M.D., P.A.

Current Principal Place of Business:

THOMAS L. LAWRENCE, M.D., P.A.
3401 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

3401 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3531088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAWRENCE, THOMAS L MD
Address: 4226 AMBER VALLEY DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: VSTD () Delete
Name: LAWRENCE, PENNY L
Address: 4226 AMBER VALLEY DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LAWRENCE, THOMAS L MD
Address: 6096 PIMLICO COURT
City-St-Zip: TALLAHASSEE, FL 32309

Title: VSTD (X) Change () Addition
Name: LAWRENCE, PENNY L
Address: 6096 PIMLICO COURT
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS L LAWRENCE, MD

PD

01/11/2002

Electronic Signature of Signing Officer or Director

Date