

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000051717

FILED
Jan 14, 2003
Secretary of State

Entity Name: DAVID W. GRIFFIN, M.D., P.A.

Current Principal Place of Business:

979 37TH PLACE
VERO BEACH, FL 32960

New Principal Place of Business:

1285 36TH STREET
SUITE 100
VERO BEACH, FL 32960

Current Mailing Address:

979 37TH PLACE
VERO BEACH, FL 32960

New Mailing Address:

1285 36TH STREET
SUITE 100
VERO BEACH, FL 32960

FEI Number: 65-0925136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAPPEL, ROBERT DO, JD
5070 N HWY A1A SUITE 221
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

CHUCK, GARRIS ATTY
817 BEACHLAND BLVD
VERO BEACH, FL 32963 US

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: CHUCK GARRIS, ATTY

01/14/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRIFFIN, DAVID W MD
Address: 650 LAGOON ROAD
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID W. GRIFIFN, M.D.

MD

01/14/2003

Electronic Signature of Signing Officer or Director

Date