# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 19, 2002 8:00 am**
**Secretary of State**
02-19-2002 90005 001 ***150.00

DOCUMENT # P96000072631

1. Entity Name
EILEEN F. FARWICK, D.O., P.A.

Principal Place of Business
10000 WEST COLONIAL DRIVE
SUITE 1463
OCOEE FL 34761

Mailing Address
10000 WEST COLONIAL DRIVE
SUITE 1463
OCOEE FL 34761

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 10000 W. Colonial Dr
Suite, Apt. #, etc.: 386
City & State: Ocoee, Fl
Zip: 34761-3494 Country: Orange

3. Mailing Address: 10000 W. Colonial Dr
Suite, Apt. #, etc.: 386
City & State: Ocoee, Fl
Zip: 34761-3494 Country: Orange

4. FEI Number 59-3399780 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BLOOM, GWEN D , ESQ
430 N MILLS AVE
ORLANDO FL 32803

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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

| | | |
|---|---|---|
| TITLE | PSTD | ☐ Delete |
| NAME | FARWICK, EILEEN F D.O. | |
| STREET ADDRESS | 10000 W COLONIAL DR, STE 1463 | |
| CITY-ST-ZIP | OCOEE FL 34761 | |
| TITLE | | ☐ Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|---|---|---|
| TITLE | PSTD | ☒ Change ☐ Addition |
| NAME | Eileen F. Farwick, DO | |
| STREET ADDRESS | 10000 W. Colonial Dr, Ste 386 | |
| CITY-ST-ZIP | Ocoee, Fl 34751 | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

CR2E034 (9/01)

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:** ELECTRONICALLY FILED Eileen F. Farwick 1/30/02 (407)296-1990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #