

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-24-2001 90316 019 ***150.00

DOCUMENT # 451906

1. Entity Name
ROGER SCOTT, M.D., P.A.

Principal Place of Business 3636 BROADWAY FT. MYERS FL 33901	Mailing Address 3636 BROADWAY FT. MYERS FL 33901
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12530 New Brittany Blvd Suite, Apt. #, etc.	3. Mailing Address 12530 NEW BRITTANY BLVD Suite B Suite, Apt. #, etc.
City & State FT MYERS, FL	City & State FT MYERS, FL
Zip 33907	Country USA

4. FEI Number 59-1538371 **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent
RUFFNER, CHARLES L, ESQ
1428 BRICKELL AVE, STE 700
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name HOWARD J WIENER J.D., LL.M
Street Address (P.O. Box Number is Not Acceptable)
700 SO FEDERAL HWY STE 200
City BOCA RATON **FL** **Zip Code** 33432

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, 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	
TITLE PD NAME SCOTT, ROGER D., M.D.P.A STREET ADDRESS 3636 BROADWAY CITY-ST-ZIP FT. MYERS FL	<input type="checkbox"/> Delete
TITLE ST NAME SCOTT, ROGER D., M.D.P.A STREET ADDRESS 3636 BROADWAY CITY-ST-ZIP FT. MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME SCOTT, ROGER D., M.D.P.A. STREET ADDRESS 1253C New Brittany Blvd Ste B CITY-ST-ZIP FT MYERS FL 33907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME SCOTT, ROGER D., M.D.P.A. STREET ADDRESS 12530 NEW BRITTANY BLVD STE B CITY-ST-ZIP FT MYERS FL 33907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **ROGER D. SCOTT, MD, PA** *Roger D. Scott MD* **4/17/01** **947** **986-4636**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)