

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

09-06-2000 90134 020 \*\*\*550.00

**DOCUMENT # 460288**

1. Entity Name  
**ROSIER AND ASSOCIATES, M.D., P.A.**

Principal Place of Business

8211 COLLEGE PKWY.  
 FT MYERS FL 33919

Mailing Address

8211 COLLEGE PKWY.  
 FT MYERS FL 33919

00003304



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**8270-201 College Parkway**

Suite, Apt. #, etc.

3. Mailing Address

**8270-201 College Parkway**

Suite, Apt. #, etc.

City & State  
**Fort Myers, Florida**

Zip  
**33919**

Country  
**USA**

City & State  
**Fort Myers, Florida**

Zip  
**33919**

Country  
**USA**

4. FEI Number **59-1549158**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSIER, R. PETER**  
**8211 COLLEGE PARKWAY**  
**FT MYERS FL 33919**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**8270-201 College Parkway**  
 City **Fort Myers** **FL** Zip Code **33919**

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 \_\_\_\_\_ (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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PST	ROSIER, R PETER	8211 COLLEGE PKWY.	FT MYERS FL 33919	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		8270-201 College Parkway	Fort Myers, Florida 33919	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **R. Peter Rosier**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**R. Peter Rosier**

Date: **08/30/00** Daytime Phone #: **(941) 489-4443**

CR2E034 (5/00)