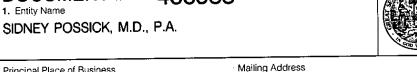
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## DOCUMENT # 466988

SIDNEY POSSICK, M.D., P.A.







Mailing Address Principal Place of Business 40023860 655 N CLYDE MORRIS 655 N CLYDE MORRIS DAYTONA BCH FL 32114 DAYTONA BCH FL 32114 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 59-1567074 \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Zip 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KANEY, JONATHAN Street Address (P.O. Box Number is Not Acceptable) ATLANTIC BANK BLDG. SEABREEZE AVE. Zip Code City DAYTONA BEACH FL 32014 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME POSSICK, SIDNEY NAME STREET ADDRESS STREET ADDRESS 655 N. CLYDE MORRIS CITY-ST-ZIE CITY-ST-ZIP DAYTONA BEACH FL ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 reservier or trustee empowered to execute this paper as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if or paper of the corporation or the reservier or trustee empowered to execute this paper as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attach

SIGNATURE

FILED

Feb 12, 2003 8:00 am

Secretary of State

02-12-2003 90072 041 \*\*\*150.00