

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 485263**

1. Entity Name

**GEORGE C. SCHWARZ M.D., P.A.****FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90196 005 \*\*\*150.00

Principal Place of Business

**3617 CROWN PT RD STE 5  
JACKSONVILLE FL 32257-5931**

Mailing Address

**3617 CROWN PT RD STE 5  
JACKSONVILLE FL 32257-5931**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1623904**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHWARZ, EVA-MARIA  
13020 FERN BANK LANE  
JACKSONVILLE FL 32223**

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 NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete**PD  
SCHWARZ, GEORGE  
13020 FERN BANK LANE  
JACKSONVILLE FL**TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**01.23.2002  
904 268 9595**

12E034 (9/01)