2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

519833 DOCUMENT

SIGNATURE:

1. Entity Name
AHMET O. GURSOY, M.D., P.A.

Principal Place of Business 200 AVIATION DR N STE 9 NAPLES FL 34104 US		Mailing Address 200 AVIATION DR NAPLES FL 34104 US	200 AVIATION DR N STE 9 NAPLES FL 34104							
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				tin eien eien	hidit didit dies	1 21211 1001	
Suite, Apt. #, 6	etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State			Number 36-2792950			olied For Applicable	
Zip	Country	Zip		Country		5. Certificate of Status Desired \$8.75 Addi Fee Required				
:	6. Name and Address of Curre	ent Registered Agent	ستتنا وحميا		7. Na	me and Address of New Re	gistered Ag	ent		
GURSOY, AH 200AVIATION	MET O DAVIE N SUITE 9		Name			O. Box Number is Not Acceptable)				
NAPLES FL 3				City			FL	Zip Code		
the obligation	med entity submits this statemer s of registered agent.			red office or regis			oate	miliar with, a	ind accept	
FILI After M	E NOW!!! FEE IS \$150.00 lay 1, 2003 Fee will be \$550. ayable to Florida Departmen				Election Campaign Fine Trust Fund Contribution	n.	Added	O May Be to Fees		
10.		ND DIRECTORS	11.		ADD	ITIONS/CHANGES TO OFFI				
TITLE PT G G STREET ADDRESS 20	T URSOY, AHMET O DO AVIATION DR N APLES FL 34104	☐ Del	NA! Ste	i i				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	□ Del	NAI STF	- i			يورد	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ De	NA Sti	LE Me Reet address IY-ST-Zip				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ De	' NA ST	ILE ME REET ADDRESS IY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NA ST	ILE ME REET ADDRESS DVST-11P		e e e e e e e e e e e e e e e e e e e		Changé	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ De	NA ST CU	TLE AME REET ADDRESS TY-ST-ZIP				Change Change	Addition	
12. I hereby ce indicated o	rtify that the information supplied in this report or supplemental rep oration or the receiver or trustee or on an attachment with an addition	empowered to execute the	nis report as req	cemption stated in ature shall have uired by Chapter	n Section 1 the same le 607, Florid	19.07(3)(i), Florida Statutes. egal effect as if made under a Statutes; and that my nam	I further cert oath; that I a e appears in	ify that the i m an officer i Block 10 oi	nformation or director r Block 11 if	

FILED

Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90230 031 ***150.00