

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90067 008 ***150.00

0024894 AV

DOCUMENT # 539729

1. Entity Name

VERNON P. TURNER, M.D., P.A.

Principal Place of Business

Mailing Address

**3536 NORTH FEDERAL HIGHWAY
 FORT LAUDERDALE FL 33308 - 6264
 US**

**C/O GRUBER AND ASSOCIATES PA
 1650 SOUTHEAST 17TH ST., STE 301
 FORT LAUDERDALE FL 33316-1735
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FORT

4. FEI Number

59-1756669

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

TURNER, VERNON P.

3536 NORTH FEDERAL HIGHWAY

FORT LAUDERDALE FL 33308 - 6264

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

33308-6264

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PDST
 TURNER, VERNON P.
 3536 NORTH FEDERAL HIGHWAY
 FORT LAUDERDALE FL 33308 - 6264**

☐ Delete

TITLE
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 33308-6264**

☒ Change ☐ Addition

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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:

Vernon P. Turner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/2002 9545N-2002
 Date Daytime Phone #

CR2E034 (9/01)