

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90060 039 ***150.00

DOCUMENT # 541971

1. Entity Name
EDGAR A. BUREN, M.D., PLASTIC SURGERY, P.A.



Principal Place of Business

**1515 NINTH AVE NO.
FLORIDA EYE CENTER
ST PETERSBURG FL 33705
US**

Mailing Address

**1515 NINTH AVE NO
FLORIDA EYE CENTER
ST PETERSBURG FL 33705
US**

2. Principal Place of Business

**1700 NORTHSORE DRIVE, N.E.
Suite, Apt. #, etc.**

3. Mailing Address

**1700 NORTHSORE DRIVE, N.E.
Suite, Apt. #, etc.**



☐ CHECK HERE IF MAKING CHANGES

City & State
ST. PETERSBURG - FL

City & State
ST. PETERSBURG - FL

4. FEI Number
59-1759659

Applied For
Not Applicable

Zip
33704

Country
USA

Zip
33704

Country
U.S.A

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

**EDGAR A BUREN M.D.
1700 NORTHSORE DRIVE N.E.
ST. PETERSBURG FL 33704**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BUREN, EDGAR A.
1700 NORTHSORE DRIVE N.E.
ST. PETERSBURG FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
BUREN, EDGAR A.
1700 NORTHSORE DR N.E.
ST. PETERSBURG FL** ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edgar A. Buren, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDGAR A. BUREN FEB 10-2003
727. 821-3333

Date

Daytime Phone #

CR2E034 (10/02)