

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90055 029 ***150.00

DOCUMENT # 547045

1. Entity Name

ROGER W. SHERMAN, M.D., P.A.



Principal Place of Business

1490 US HWY 441

Suite # 536

The Villages FL 32159

Mailing Address

P.O. BOX 490922

LEESBURG FL 34749

US

2. Principal Place of Business

The Villages Regional Medical Center

3. Mailing Address

Suite, Apt. #, etc.

Suite 536

Suite, Apt. #, etc.

City & State

The Villages FL

City & State

Zip

32159

Country

USA

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-1816861

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHERMAN, JOANNE B

425 S. WHITNEY ROAD

LEESBURG FL 34748

7. Name and Address of New Registered Agent

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)

31 Jan 2003
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

TITLE PD
NAME SHERMAN, ROGER W.
STREET ADDRESS 425 S WHITNEY ROAD
CITY-ST-ZIP LEESBURG FL 34748 ☐ Delete

TITLE O
NAME SHERMAN, JOANNE B
STREET ADDRESS 425 S WHITNEY ROAD
CITY-ST-ZIP LEESBURG FL 34748 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 Jan 2003 352-750-9879
Date Daytime Phone #

CR2E034 (10/02)