2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

DOCUMENT # 587310

1. Entity Name

DAVID SCHENK, D.O., P.A.



Principal Place of Business 14527 - 110 TERR N LARGO FL 34644

Mailing Address 14527 - 110 TERR N

LARGO FL 34844

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip _ Zip Country_

6. Name and Address of Current Registered Agent

FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90084 003 ***150.00

enata128



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1851897

Applied For Not Applicable \$8.75, Additional. _

ed Agent signature required when reinstating)

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

Name

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

City

Zip Code

8. The above named entity submits the 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 ag

SIGNATURE

SCHENK, DAVID 14527 110 TERR. N.

LARGO FL 34644

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 **PST** Delete TITLE NAME SCHENK, DAVID ☐ Change Addition NAME STREET ADDRESS 14527 110 TER. N STREET ADDRESS CITY-ST-ZIP LARGO FL CITY-ST-ZIP TITLE Delete NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -☐ Delete TITLE NAME ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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

SIGNATURE:

CR2E034 (10/02)