

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90840 024 ***150.00

DOCUMENT # 592121

1. Entity Name
RONALD A. MADDUX, M.D., P.A.



Principal Place of Business
**6056 DOCTOR'S PARK
MILTON FL 32570**

Mailing Address
**6056 DOCTOR'S PARK
MILTON FL 32570**

2. Principal Place of Business
5930 Oak Manor Dr.
Suite, Apt. #, etc.

3. Mailing Address
5930 Oak Manor Dr.
Suite, Apt. #, etc.

City & State
Milton, FL

City & State
Milton, FL

4. FEI Number **59-1878230**

Applied For
Not Applicable

Zip **32570** Country **USA**

Zip **32570** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MADDUX, RONALD A.
6056 DOCTOR'S PARK
MILTON FL 32570**

7. Name and Address of New Registered Agent

Name **MADDUX, Ronald A.**
Street Address (P.O. Box Number is Not Acceptable)
5930 Oak Manor Dr.
City **Milton** FL **32570**

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

TITLE **PD**
NAME **MADDUX, RONALD A., M.D.** ☐ Delete
STREET ADDRESS **6056 DOCTOR'S PARK**
CITY-ST-ZIP **MILTON FL 32570**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☐ Addition
NAME **MADDUX, Ronald A., M.D.**
STREET ADDRESS **5930 Oak Manor Dr.**
CITY-ST-ZIP **Milton, FL 32570**

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

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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: **Ronald A. Maddux, M.D., P.A.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/03 850-623-6848

Date Daytime Phone #

CR2E034 (10/02)