

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90259 041 ***150.00

DOCUMENT # 600355



1. Entity Name
EARDLEY, MORRIS AND HOLLIS, M.D., P.A.

Principal Place of Business
**130 NORTH FREDERICK AVENUE
DAYTONA BEACH FL 32114
US**

Mailing Address
**P O BOX 48
DAYTONA BEACH FLA 32115
US**



CHECK HERE IF MAKING CHANGES

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

4. FEI Number	59-1208931	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHARLES M. BURKETT
130 N. FREDERICK AVENUE
DAYTONA BEACH FL 32114**

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 _____ (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	V	<input type="checkbox"/> Delete
NAME	SHAMLOU, K K	
STREET ADDRESS	P O BOX 48	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	
TITLE	V	<input type="checkbox"/> Delete
NAME	MILES, STEPHEN G M	
STREET ADDRESS	P O BOX 48	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	
TITLE	P	<input type="checkbox"/> Delete
NAME	STONE, MELVIN	
STREET ADDRESS	P O BOX 48	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	
TITLE	V	<input type="checkbox"/> Delete
NAME	SIRAGUSA, ROY J	
STREET ADDRESS	P O BOX 48	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	
TITLE	V	<input type="checkbox"/> Delete
NAME	YUSCHOK, THOMAS J	
STREET ADDRESS	P O BOX 48	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	
TITLE	V	<input type="checkbox"/> Delete
NAME	BURKETT, CHARLES M.	
STREET ADDRESS	P O BOX 48	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 REQUIRED Date: 2/7/03 Daytime Phone # _____

CR2034 (10/02)