## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **ഒ**വവളവ DOCUMENT #



## FILED Mar 21, 2003 8:00 am & Secretary of State

1. Entity Name D.E. CHASTAIN, M.D., P.A.					03-21-2003 90075 0			
Principal Place of Business 137 BIRCH STREET % D. E. CHASTAIN. M.D P.A. TITUSVILLE FL 32780		Mailing Address 137 BIRCH STREET % D. E. CHASTAIN. M.D., P.A. TITUSVILLE FL 32780						
2. Principal Place of Business 3. A		3. Mailing Address BOX 2	Mailing Address O BOX 2538		E INNEIN MINIS MRIET RUSEN FININ COINT FINI NINES	0 ( 0 ( 1 <del>0</del> 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1		
Suite, Apt. #, etc.		Suite, Apt. #, etc. , MURCELLS INLENT			CHECK HERE IF MAKING CHANGES			
City & State		City & State SON TH CAROLINA		<b>4.</b> FI	59-1264524		oplied For ot Applicable	
Zíp	Country	Zip 29576	Country	<b>5</b> . C	ertificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current			- 7. N	ame and Address of New Registered	Agent ~		
			Name					
CHASTAIN, DOYLE E. 137 BIRCH STREET			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
	E FL 32780							
			City		F	Zip Cod	e	
	named entity submits this statement fo	r the purpose of changing its r	egistered office or regi	istered age	nt, or both, in the State of Florida. I an	n familiar with,	and accept	
i ic obliga	tions of registered agent.							
SIGNATURE .	Signature, typed or printed name of registered agent :	and title if apolicable. (NOTE:	Registered Agent signature reg	uired when rein	nstating) DATE			
	Signature, typed or printed name of registered agent	and litle if applicable. (NOTE:	Registered Agent signature req	quired when rein	nstating) DATE			
F Afte	Signature, typed or printed name of registered agents FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00		Registered Agent signature req	quired when rein	9. Election Campaign Financing	\$5.0	00 May Be	
F Afte Make Check	Signature, typed or printed name of registered agents FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			Election Campaign Financing     Trust Fund Contribution.	\$5.0 Added	d to Fees	
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12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CiTY-ST-ZIP

CR2E034 (10/02)