

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 29, 2001 8:00 am
Secretary of State

05-04-2001 90116 050 ***150.00

DOCUMENT # 601303

1. Entity Name
SANTFORD R. BOLEY MD. PA

Principal Place of Business
**336 N E LAKEVIEW DRIVE
SEBRING FL 33870**

Mailing Address
**336 N E LAKEVIEW DRIVE
SEBRING FL 33870**

2. Principal Place of Business
Suits, Apt. #, etc.

3. Mailing Address
P.O. Box 129
Suits, Apt. #, etc.

City & State
Florida, FL

Zip
33857

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1267523**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BOLEY, SANTFORD R
336 N E LAKEVIEW DRIVE
SEBRING FL 33870**

7. Name and Address of New Registered Agent

Name
SRB

Street Address (P.O. Box Number is Not Acceptable)
1249 LAKESHORE DR.

City
Florida

Zip Code
FL 33857

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so.

FILE NOW!!! FEE IS \$150.00
AFTER MAY 1, 2001 Fee will be \$530.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PO	BOLEY, SANTFORD R	336 NE LAKEVIEW DR	SEBRING FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	BOLEY, SANTFORD R.	1249 LAKESHORE DR.	FLORIDA, FL. 33857	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Santford R. Boley MD.*
SANTFORD R. BOLEY, M.D.

4-26-01 863-655-2200

CR2003 (10/00)