

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 04, 2003 8:00 am**  
**Secretary of State**

09-04-2003 90071 011 \*\*\*150.00

0143226 AT

**DOCUMENT # 601908**

1. Entity Name  
**ERNEST WOLLIN, M.D., P.A.**



Principal Place of Business  
**0475 SILVER LAKE DRIVE**  
**P.O. BOX 895128**  
**LEESBURG FL 34789-0407**

Mailing Address  
**P.O. BOX 895128**  
**LEESBURG FL 34789**  
**US**



2. Principal Place of Business

3. Mailing Address

**5409 OVERSEAS HWY #373** **5409 OVERSEAS HWY #373**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**MARATHON FL**

City & State  
**MARATHON FL**

4. FEI Number **59-1270924**

Applied For  
Not Applicable

Zip  
**33050**

Country  
**US**

Zip  
**33050**

Country  
**US**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOLLIN, ERNEST**  
**0475 SILVER LAKE DRIVE** **5409 OVERSEAS HWY 373**  
**LEESBURG FL 34788** **MARATHON, FL 33050**

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WOLLIN, ERNEST</b> <b>0475 SILVER LAKE DRIVE</b> <b>LEESBURG FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5409 OVERSEAS HWY #373</b> <b>MARATHON, FL 33050</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ERNEST WOLLIN**

**8-29-03**

**305-289-4472**

CR2E034 (4/03)

*Attachment*

**MEMORANDUM**  
**ERNEST WOLLIN, M.D., P.A.**

# 80144039  
601908

5409 OVERSEAS HIGHWAY #373  
MARATHON, FLORIDA 33050  
EMAIL: EWOLLIN@ATTGLOBAL.NET

VOICE 305-289-4478  
FAX 305-289-0206  
CELL: 305-849-3142

TO: Division of Corporations  
FROM: Ernest Wollin, M.D., President  
Ernest Wollin, M.D., P.A.  
FEI #59-1270924  
DATE: September 1, 2003  
RE: UBR Doc # 601908  
Waiver of late fee

Enclosed is a check in the amount of one hundred fifty dollars(\$150) along with the 2003 Uniform Business Report.

This corporation did not receive prior notice. I am requesting that the late fee be waived.

*Ernest Wollin MD*