

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90142 036 ***150.00

DOCUMENT # 602637



1. Entity Name
**WILLIAM I. BOGGS JR., M.D. PROFESSIONAL ASSOCIAT
ATION**

Principal Place of Business
**2165 HERSCHEL ST
JACKSONVILLE FL 32204
US**

Mailing Address
**2165 HERSCHEL ST
JACKSONVILLE FL 32204
US**



2. Principal Place of Business

105 PALM FOREST PLACE

Suite, Apt. #, etc.

PONTEVEDRA BEACH

City & State

FLA

Zip

32082

Country

US

3. Mailing Address

105 PALM FOREST PLACE

Suite, Apt. #, etc.

PONTEVEDRA BEACH

City & State

FLA

Zip

32082

Country

US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-1316176

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOGGS, WILLIAM I JR
2165 HERSCHEL ST
JACKSONVILLE FL 32204**

7. Name and Address of New Registered Agent

Name

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

105 PALM FOREST PLACE

PONTEVEDRA BEACH

FL

Zip Code

32082

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

3/12/03

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** ☐ Delete
NAME **BOGGS JR, WILLIAM I**
STREET ADDRESS **2165 HERSCHEL ST**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **ST** ☐ Delete
NAME **BOGGS, JR., WILLIAM I**
STREET ADDRESS **2165 HERSCHEL ST**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 ☒ Change ☐ Addition
NAME
STREET ADDRESS **105 PALM FOREST PLACE**
CITY-ST-ZIP **PONTEVEDRA BEACH FLA 32082**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **105 PALM FOREST PLACE**
CITY-ST-ZIP **PONTEVEDRA BEACH, FLA 32082**

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

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STREET ADDRESS
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TITLE ☐ Change ☐ 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:

WILLIAM I BOGGS JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03

Date

904 273 6686

Daytime Phone #

CR2E034 (10/02)