

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

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90074 046 ***150.00

DOCUMENT # 604669

1. Entity Name
RICHARD M. DOZIER, M.D., P.A.



Principal Place of Business
**1212 NORTH MAGNOLIA DRIVE
TALLAHASSEE FL 32308-4634**

Mailing Address
**1212 NORTH MAGNOLIA DRIVE
TALLAHASSEE FL 32308-4634**

2. Principal Place of Business
3761 Forsythe Way
Suite, Apt. #, etc.

3. Mailing Address
3761 Forsythe Way
Suite, Apt. #, etc.

City & State
Tallahassee, Florida
Zip
32309 Country
Leon

City & State
Tallahassee, Florida
Zip
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4. FEI Number **59-1499355**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DOZIER, RICHARD M., M.D.
1212 NORTH MAGNOLIA DRIVE
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable)
3761 Forsythe Way
City **Tallahassee** **FL** Zip Code **32309**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	DOZIER, RICHARD M.	1212 N. MAGNOLIA DR.	TALLAHASSEE FL	<input type="checkbox"/>
VST	DOZIER, RICHARD M.	1212 N. MAGNOLIA DR.	TALLAHASSEE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3761 Forsythe Way	Tallahassee, FL 32309	of Address only
		3761 Forsythe Way	Tallahassee, FL 32309	of Address only
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

(850) 893-2931

Daytime Phone #

CR2E034 (10/02)