

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90173 012 ***150.00

DOCUMENT # 637892

1. Entity Name
W.P. BOORAS, M.D., P.A.



Principal Place of Business
1922 UNIVERSITY BLVD.,S.
JACKSONVILLE FL 32216

Mailing Address
1922 UNIVERSITY BLVD.,S.
JACKSONVILLE FL 32216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1937691**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

10029589



6. Name and Address of Current Registered Agent

BOORAS, W.P., M.D.
1922 UNIVERSITY BLVD.,S.
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 **VPD BOORAS, W.P., M.D.** ☐ Delete
*STREET ADDRESS **1922 UNIVERSITY BLVD.,S.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE _____
NAME **PD BORRAS, CHARLES H M.D.** ☐ Delete
STREET ADDRESS **1922 UNIVERSITY BLVD S**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE _____
NAME _____ ☐ Delete
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____ ☐ Delete
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____ ☐ Delete
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____ ☐ Delete
STREET ADDRESS _____
CITY-ST-ZIP _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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.

Charles H. Booras, M.D. (904) 721-7844

SIGNATURE: ☒ **SIC Booras REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03

Date

Daytime Phone #

CR2E034 (10/02)