


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

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90140 039 ***150.00

DOCUMENT # 638639	
1. Entity Name Joe Butler, Jr., MD, PA	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2525 Harbor Blvd		3. Mailing Address 2525 Harbor Blvd	
Suite, Apt. #, etc. Suite 309		Suite, Apt. #, etc. Suite 309	
City & State Port Charlotte, FL		City & State Port Charlotte, FL	
Zip 33952	Country US	Zip 33952	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1937538		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Boone, E. G.
Street Address (P.O. Box Number is Not Acceptable) 1001 Avenida Del Circo
City Venice
FL Zip Code 33595

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PD Butler, Joe, Jr 2525 Harbor Blvd Suite 309 Port Charlotte, FL 33952	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-03

Date

Daytime Phone #

CR2E034B (12/02)