

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

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90126 030 \*\*\*150.00

**DOCUMENT # 672347**

1. Entity Name  
**G. DAVID ONSTAD, M.D., P.A.**



Principal Place of Business  
**1930 NE 47 ST  
SUITE 205  
FT LAUDERDALE FL 33308**

Mailing Address  
**1930 NE 47 ST  
SUITE 205  
FT LAUDERDALE FL 33308**

**90003777**



2. Principal Place of Business  
**1960 NE 47th Street  
Suite, Apt. #, etc.  
Suite 105**

3. Mailing Address  
**1960 NE 47th Street  
Suite, Apt. #, etc.  
Suite 105**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Fort Lauderdale, FL**  
Zip  
**33308**  
Country  
**Broward**

City & State  
**Fort Lauderdale, FL**  
Zip  
**33308**  
Country  
**Broward**

4. FEI Number  
**59-2001364**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ONSTAD, G DAVID  
1930 NE 47 ST  
FT LAUDERDALE FL 33308**

**7. Name and Address of New Registered Agent**

Name  
**G. David Onstad, M.D.**

Street Address (P.O. Box Number is Not Acceptable)  
**1960 NE 47th Street**

**Suite 105**

City  
**Fort Lauderdale** **FL** Zip Code  
**33308**

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 **X** *G. David Onstad*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
**X 1/14/03**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
ONSTAD, G DAVID  
1930 NE 47 ST  
FT LAUDERDALE FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
G. David Onstad, M.D.  
1960 NE 47th Street, Suite 105  
Fort Lauderdale, FL 33308** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ Change ☐ 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 employed.

SIGNATURE: **X** *G. David Onstad*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X 1/14/03** **X 954 491-9010**  
Date Daytime Phone #

CR2E034 (10/02)