

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90086 002 ***150.00

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1. Entity Name
**MACDONALD, ESCHLEMAN, NEALE, HEAGNEY & FABIAN, M
D.'S, P.A.**



Principal Place of Business
**1411 ARON ST
PORT CHARLOTTE FL 33952**

Mailing Address
**P.O. BOX 496385
PORT CHARLOTTE FL 33949-6385**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

21292 Pemberton Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

Port Charlotte FL

City & State

Zip

33952

Country

Charlotte

Zip

Country

4. FEI Number **59-2011712**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MACDONALD, BRUCE D., M.D.
2525 HARBOR BLVD.
SUITE 307
PORT CHARLOTTE FL 33952**

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

FEE 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 **MACDONALD, BRUCE D.**
STREET ADDRESS **36261 WASHINGTON LOOP RD**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **ST** ☐ Delete
NAME **ESCHLEMAN, A. ROBERT**
STREET ADDRESS **1055 YORKSHIRE ST**
CITY-ST-ZIP **PT CHARLOTTE FL**

TITLE **VP** ☐ Delete
NAME **HEAGNEY, MICHAEL C.**
STREET ADDRESS **4550 GRASSY PT BLVD**
CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE **VP** ☐ Delete
NAME **FABIAN, THOMAS M.**
STREET ADDRESS **4520 GRASSY PT BLVD**
CITY-ST-ZIP **PORT CHARLOTTE FL**

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)