

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 843176

Entity Name  
ROBERT H. SCULTHORPE, D.O., P.A.

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90142 023 \*\*\*150.00

Principal Place of Business  
3739 PAMAJER DRIVE  
OXFORD OH 45056-9266

Mailing Address  
200 NW 130TH AVE  
PLANTATION FL 33325



Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number 31-0930984 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

SCULTHORPE, ROBERT H. D.O.  
200 N.W. 130TH AVE.  
PLANTATION FL 33325

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

1. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 1. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

FILE NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	SCULTHORPE, ROBERT H.	200 N.W. 130TH AVE. PLANTATION FL 33325	<input type="checkbox"/> Delete			
STD	SCULTHORPE, DIANE M.	200 N.W. 130TH AVE. PLANTATION FL 33325	<input type="checkbox"/> Delete			
			<input type="checkbox"/> Delete			
			<input type="checkbox"/> Delete			
			<input type="checkbox"/> Delete			
			<input type="checkbox"/> Delete			

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert H. Sculthorpe, D.O.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/02

Date Daytime Phone #

CR2E034 (9/01)