

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90440 013 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000003201

1. Entity Name

ECK MD, INC

969506

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8333 BAYAN DAIRY RD

Suite, Apt. #, etc.

3. Mailing Address

6501 LEGACY DR.

Suite, Apt. #, etc.

MS 1205

DO NOT WRITE IN THIS SPACE

City & State

LARGO FL

City & State

PLANO TX

4. FEI Number

75-2943555

Applied For

Not Applicable

Zip

33777

Country

US

Zip

75024

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND AVE

City

PLANTATION

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT, SECRETARY, TREASURER
BARBARA A. ANSON
8333 BAYAN DAIRY RD.
LARGO FL 33777

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
BARBARA A. ANSON

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

Barbara A. Anson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

6-13-02 727-395-6129

CR2E034B (12/01)