## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

## F02000001059 DOCUMENT #

1. Entity Name

KENNETH LICKER, M.D., P.A.



**FILED** Jan 31, 2003 8:00 am Secretary of State
01-31-2003 90121 019 \*\*\*150.00

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Principal Plac	e of Busines	S	Mailin	g Address									
P.O. BOX 120549				P.O. BOX 120549									
ARLINGTON TX 76012				ARLINGTON TX 76012									
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			_		,,								
2. Principal Place of Business				3. Mailing Address					1 10014 BB 1111 BB110 41014 QB111 BB811 808				
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FEI Number 75-2190185				oplied For	
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Zip Country				· Zip ~ Country				5 Certificate of Status Desired					
6. Name and Address of Current F				paictored Agent				7. Name and Address of New Registered Agent					
	and Address of Current P	Name											
STATISTICAL ANGLIGUAGE A AAD													
MARUNIAK, NICHOLAS A M.D.				Street Address				(P.O. Box Number is Not Acceptable)					
1314 SUMTER STREET, SUITE 5									<del></del>				
LEESBURG	3 FL 34748											[	
						City				FL	Zip Cod	le l	
			the purp	ose of changing its	register	ed office or r	egistere	ed age	ent, or both, in the State of Florida	. I am fa	miliar with	and accept	
the obligati	ions of regist	ered agent.											
SIGNATURE .	CICMATHIDE												
JANATORE	Signature, typed	or printed name of registered agent ar	nd title if app	olicable. (NOT	E: Registere	d Agent signature	e required	when rei	ainstating)	DATE			
	II E NOWII	1 EEE 19 6150.00							<u></u>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00								-	9. Election Campaign Finance		\$5.0	0 May Be	
	•	Florida Department of	State					1	Trust Fund Contribution.	L	Added	d to Fees	
10. OFFICERS AND DIRECTORS 11.								ΔD	I DITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	S IN 11	
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12 I hereby o	ortify that the	information cumplied with t	hin filing	done set sussifición			al in Co.		110 O7(2)(i) Elorido Statutos I fuel				

Increase sense and the information supplied with this filling 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:

MO-PEBIODUT