

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90165 033 ***150.00

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

10070000

DOCUMENT # F02000001066					
1. Entity Name V. GARY PRICE, M.D., P.A.					
Principal Place of Business P.O. BOX 120549 ARLINGTON, TX 76012			Mailing Address P.O. BOX 120549 ARLINGTON, TX 76012		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 75-2725391	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARUNIAK, NICHOLAS A M.D. 1314 SUMTER STREET, SUITE #110 LEESBURG, FL 34748				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 <u><i>Nicholas A. Maruniak MD</i></u> Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent's signature required when resigning) DATE <u>4-14-03</u>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSCD PRICE, V. GARY M.D. 1001 WALDROP DRIVE, SUITE 709 ARLINGTON, TX 76012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 empowered.					
SIGNATURE: <u><i>Nicholas A. Maruniak MD</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <u>4/7/03</u> Date Daytime Phone #		

CP2E034 (10/02)