

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000005937

FILED
Mar 14, 2003
Secretary of State

Entity Name: JAMES L. SCHALLER, M.D., P.C.

Current Principal Place of Business:

C/O WALD, MD & KANTER, MD, PA
846 ANCHOR ROAD DRIVE
NAPLES, FL 34103

New Principal Place of Business:

C/O WALD, MD & KANTER, MD, PA
848 ANCHOR ROAD DRIVE
NAPLES, FL 34103

Current Mailing Address:

1653 HILLTOP ROAD
BIRCHRUNVILLE, PA 194210188

New Mailing Address:

8538 SILK OAK LANE
NAPLES, FL 34119

FEI Number: 23-2939033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHALLER, JAMES L M.D.
846 ANCHOR ROAD DRIVE
NAPLES, FL 34103

Name and Address of New Registered Agent:

SCHALLER, JAMES L M.D.
848 ANCHOR RODE DRIVE
NAPLES, FL 34103

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: JAMES L. SCHALLER, MD

03/14/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHALLER, JAMES L M.D.
Address: 1653 HILLTOP ROAD
City-St-Zip: BIRCHRUNVILLE, PA 194210188

Title: VT () Delete
Name: SCHALLER, JOYCE
Address: 1653 HILLTOP ROAD
City-St-Zip: BIRCHRUNVILLE, PA 194210188

Title: S () Delete
Name: MORELLI, LOUISE
Address: 739 MICHELL STREET
City-St-Zip: RIDLEY PARK, PA 194210188

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VT (X) Change () Addition
Name: SCHALLER, JOYCE
Address: 8538 SILK OAK LANE
City-St-Zip: NAPLES, FL 34119

Title: S (X) Change () Addition
Name: MORELLI, LOUISE
Address: 739 MICHELL STREET
City-St-Zip: RIDLEY PARK, PA 19078

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE SCHALLER

VT

03/14/2003

Electronic Signature of Signing Officer or Director

Date