3/28/02

2002 UNIFORM BUSINFSS REPORT (UBR) OCUMENT # F04040 Entity Name ARL BRITT, M.D., P.A.							F1]_[E D			
rincipal Plac	e of Business		Mailing Address		<u>-</u>	0		PM 12:	5 6		
227 SOUTH CALHOUN ST FALLAHASSEE FL 32301-1805 2. Principal Place of Business				227 SOUTH CALHOUN ST TALLAHASSEE FL 32301-1805 3. Mailing Address			SECRETARY OF STATE TALLAHASSEE FLORIDA				
			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City'& State	City & State			4. FEI Number 59-2046387 Applied For Not Applied For				
Zip Country		Zip	Country		5. Certificate of S	Status Desired		8.75 Ade	ditional		
,	6. Name and A	ddress of Curr	ent Registered Agent			7. Name and Ad	dress of New Re	gistered Ag	ent		7
PIEDCE ROREDT A				Na:	Name					╛	
PIERCE, ROBERT A. 227 SOUTH CALHOUN ST			·	Str	eet Address	(P.O. Box Number is	Not Acceptable) 			
TALLAHASSEE FL 32301											
	•	•	•	City	y		·················	FL	Zip Cod	le	7
. The above	named entity subm	nits this statemen	nt for the purpose of changing it	ts registered offi	ice or registe	ered agent, or both, i	n the State of Flor	rida.	•		1
SIGNATURE.	Signature, typed or printer	d name of registered a	igent and tittle if applicable. (NO	OTE, Registered Agent	t signature require	d when reinstating)		DATE			
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR