

# 2001 UNIFORM BUSINESS REPORT (UBR)

F15135

**FILED**

01 APR 11 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
66404



**DOCUMENT # F15135**

1. Entity Name  
**STEPHEN J. LAGERGREN, M.D., P.A.**

Principal Place of Business 1713 GARDEN STREET C/O STEPHEN J LAGERGREN MD TITUSVILLE FL 32796	Mailing Address 1713 GARDEN STREET C/O STEPHEN J LAGERGREN MD TITUSVILLE FL 32796
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

DO NOT WRITE IN THIS SPACE  
03/23/01 90007003 \$180

4. FEI Number **59-2049081**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAGERGREN, STEPHEN J MD  
1713 GARDEN STREET  
TITUSVILLE FL 32796**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDC LAGERGREN, STEPHEN J MD 1713 GARDEN ST. TITUSVILLE FL 32796</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied in 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 11 or Block 12 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE: *Stephen J Lagergren MD President*      Date: 1/15/01      Daytime Phone: 321-269-1621

CRE034 (10/00)