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

Mailing Address

## F69183 DOCUMENT # 1. Entity Name ALBERT M. BOHOLST, M.D. P.A.

Principal Place of Business



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90030 034 \*\*\*155.00

8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 3. Name and Address (P.O. Box Number is Not Acceptable)  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Flonda. I am territian with, and acceptable of Pool and Address of New Registered Agent 3. Name and Address (P.O. Box Number is Not Acceptable)  8. The Address of New Registered Agent 3. Name and Address (P.O. Box Number is Not Acceptable)  8. The Address of New Registered Agent 3. Name and Address (P.O. Box Number is Not Acceptable)  8. The Address of Number is Not Acceptable 3. Name and Address of New Registered Agent 3. Name and Address of New Re	1250 COUNTRY CLUB DR CRYSTAL RIVER FL 34429 US		P. O. BOX 2858 CRYSTAL RIVER FL 34423 US							
City & State  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  SACTS Additional Foo Required  Foo Required  Foo Required  Foo Required  Foo Required  Foo Required  City  FL  Zig Code  City  FL  Z	2. Principal Place of Business		3. Mailing Address							
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E. Name and Address of Current Registered Agent  Street Address (P.C. Box Number is Not Acceptable)  FL Zip Code  Street Address (P.C. Box Number is Not Acceptable)  Street Address (P.C. Box Number is Not Acceptable)  Street Address (P.C. Box Number is Not Acceptable)  FL Zip Code  Street Address (P.C. Box Number is Not Acceptable)  Street Address (P.C. Box Number is Not Acceptable)  Street Address (P.C. Box Number is Not Acceptable)  FL Zip Code  Street Address (P.C. Box Number is Not Acceptable)  Street Address (P.C. Box Number is Not Acceptable)  Street Address (P.C. Box Number is Not Acceptable)  FLE NOW!! FEE IS 3150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  Of FICER NOW!! FEE IS 3150.00  Atter May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  Of FICER NOW! IS FEE IS 3150.00  Atter May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  Of FICER NOW! IS FEE IS 3150.00  Address (P.C. Box Number is Not Acceptable)  Street Addre	City & Sta	е	City & State		4. FEI	Number <b>59-2151186</b>	——	pplied For lot Applicable		
BOHOLST, ALBERT M M.D. 1250 COWTRY CLUB DR CRYSTAL RIVER FL 34429  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and access to boligations of registered agent. Or both, in the State of Florida. I am familiar with, and access to boligations of registered agent. Or both, in the State of Florida. I am familiar with, and access to boligations of registered agent. Or both, in the State of Florida. I am familiar with, and access to boligations of registered agent. Or both, in the State of Florida. I am familiar with, and access to boligations of registered agent. Or both, in the State of Florida. I am familiar with, and access to boligations of registered agent. Or both, in the State of Florida. I am familiar with, and access to both and access to both, in the State of Florida. I am familiar with, and access to both, in the State of Florida. I am familiar with, and access to both, in the State of Florida. I am familiar with, and access to both, in the State of Florida. I am familiar with, and access to both, in the State of Florida. I am familiar with, and access to both, in the State of Florida. I am familiar with, and access to both, in the State of Florida. I am familiar with, and access to both, in the State of Florida. I am familiar with, and access to both, in the State of Florida. I am familiar with, and access to both, in the State of Florida. I am familiar with, and access to both, in the State of Florida. I am familiar with, and access to both, in the State of Florida. I am familiar with, and access to both, in the State of Florida. I am familiar with, and access to both, in the State of Florida. I am familiar with, and access to both, in the State of Florida. I am familiar with, and access to both, in the State of Florida. I am familiar with, and access to both, in the State of Florida. I am familiar with and access to both, in the State of Florida. I am familiar with and access to b	Zip			Count	Country		tificate of Status Desired [	¬ \$8.75 Ac	Iditional	
Street Address	6. Name and Address of Current Registered Agent					7. Nar	ne and Address of New Regis	tered Agent	į	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accellable to changing its registered agent, or both, in the State of Florida. I am familiar with, and accellable to change of registered agent.    Signature Signature from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accellable to change of registered agent.    Signature from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accellable to change of registered agent. Or both, in the State of Florida. I am familiar with, and accellable.    Signature from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accellable to change of registered agent. Or both, in the State of Florida. I am familiar with, and accellable to change of registered agent. Or both, in the State of Florida. I am familiar with, and accellable to change of registered agent. Or both, in the State of Florida. I am familiar with, and accellable to change of registered agent. Or both, in the State of Florida. I am familiar with, and accellable to change of registered agent. Or both, in the State of Florida. I am familiar with, and accellable to change of Florida. I am familiar with, and accellable to change of Florida. I am familiar with, and accellable to change of Florida. I am familiar with, and accellable to change of Florida. I am familiar with, and accellable to change of Florida agent of Florida agent of Florida. I am familiar with, and accellable to change of Florida agent	1250 COUNTRY CLUB DR				Street Addres	ss (P.O. Box	Number is Not Acceptable)			
SIGNATURE   Signature to integristed agent.   Signature to periode reams of registed of periode reams of registed agent and offer it applicable.   (NOTE Registed Agent agenture required when reinstating)   Date				,	· ·			F-6-		
10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS CRYSTAL RIVER FL 34429   11. NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP  Delete NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CIT	SIGNATURE .	Signature, typed or printed name of registered ager  ILE NOW!!! FEE IS \$150.00  r May 1, 2003 Fee will be \$550.00	at and title if applicable. (No	<u>.</u>	· · · · · · · · · · · · · · · · · · ·		ating)  9. Election Campaign Financi	DATE	00 May Be	
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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 supplied the section of th	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET CITY-S	T-ZIP	-			Addition	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-755-0801