

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90066 032 \*\*\*150.00

0604064 AV

**DOCUMENT # F88809**

1. Entity Name  
**DONALD J. WARNER, M.D., P.A.**



Principal Place of Business  
**1801 S.E. HILLMAR DR  
SUITE ~~6107~~ A101  
PORT SAINT LUCIE FL 34952  
US**

Mailing Address  
**1801 S.E. HILLMAR DR  
SUITE ~~6107~~ A101  
PORT SAINT LUCIE FL 34952  
US**



2. Principal Place of Business  
**1801 S.E. Hillmar Dr.  
Suite, Apt. #, etc.  
Suite A-101**

3. Mailing Address  
**1801 S.E. Hillmar Dr.  
Suite, Apt. #, etc.  
Suite A-101**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Port St. Lucie, FL**

City & State  
**Port St. Lucie, FL 34952**

4. FEI Number **59-2200047**

Applied For  
☐ Not Applicable

Zip Country  
**34957 USA**

Zip Country  
**34952 USA**

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

**WARNER, DONALD J., M.D.  
4 DELANO LANE  
SEWALL'S POINT  
STUART FL ~~33404~~ 34994**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **PT** ☐ Delete  
NAME **WARNER, DONALD J., M.D.**  
STREET ADDRESS **4 DELANO LN-SEWALL'S PT.**  
CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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:

**SIGNATURE OF DONALD J. WARNER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/03 (772) 335-8100**  
Date Daytime Phone #

CR2E034 (10/02)