

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F93000005889

FILED
Jan 07, 2003
Secretary of State

Entity Name: LAWRENCE ALAN GOLDSCHLAGER, A MEDICAL CORPORATION

Current Principal Place of Business:

74 TINGLER LANE
TINGLER ISLAND
MARATHON, FL 330502501 US

New Principal Place of Business:

Current Mailing Address:

74 TINGLER LANE
TINGLER ISLAND
MARATHON, FL 330502501 US

New Mailing Address:

FEI Number: 95-3145008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSHLAGER, LAWRENCE M D
52 W PLAZA GRANADA
ISLAMORADA, FL 33036 US

Name and Address of New Registered Agent:

GOLDSCHLAGER, LAWRENCE M D
74 TINGLER LANE
MARATHON, FL 330502501 US

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: LAWRENCE GOLDSCHLAGER, M.D.

01/07/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: GOLDSCHLAGER, LAWRENCE M D
Address: 52 W PLAZA GRANADA
City-St-Zip: ISLAMORADA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: GOLDSCHLAGER, LAWRENCE M D
Address: 74 TINGLER LANE
City-St-Zip: MARATHON, FL 330502501

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: LAWRENCE GOLDSCHLAGER, M.D.

CEO

01/07/2003

Electronic Signature of Signing Officer or Director

Date