

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90061 029 \*\*\*150.00

UBR0301 AN

**DOCUMENT # F94000001058**

1. Entity Name  
**CHARLES W. MCFATTER, M.D., P.A.**



Principal Place of Business  
**215 MOUNTAIN DR.  
SUITE 102  
DESTIN FL 32541  
US**

Mailing Address  
**P.O. BOX 870  
DESTIN FL 32540**

**00000322**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**64-0589696**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MCFATTER, C.W.  
215 MOUNTAIN DR, STE 102  
DESTIN FL 32541**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PC	MCFATTER, CHARLES W		
STREET ADDRESS	4117 INDIAN BAYOU N.		
CITY-ST-ZIP	DESTIN FL		32541
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: CHARLES W. MCFATTER, M.D. **REQUIRED** W. McFatter, MD 1-15-2003 837-3194 (P50)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)