2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 07, 2002 8:00 am Secretary of State

2002 Offit Offit BOSINESS REPORT (OBN)					Secretary of State			
DOCUMENT # F97921 1. Entity Name					03-05-2002 90087 003 ***150.00			
CHARLE	S P. RILEY, M.D., P.A.	_		İ				
				}				
Principal Pla	ce of Business	Mailing Address						
-4551 N DAVI		-4551 N DAVIS HMY						
CSTE-1-B	P. AGEAA	97E 1-8				,	•	
P ensacola US	1 6 - 02.006	PENGACOLA FL 32503. US				HAN AND AND	HER BRANIER	
	Place of Business	3. Mailing Address			F 1671/198 JISO SOUIS HADEN KAISO 1940L USUU BROUE	HANDA OLDA BIDAN	14834 1 4841 3 48 4	
Suite. Apt	i. #, etc.	Suite, Apt. #, etc			DO NOT WRITE IN THIS	SPACE		_
City & Sta	NSACOLA, FL	City & State	uz)	4.	FEI Number 59-2212749	N	oplied For ot Applicable	1
2032	51-4 Country U.S.	Zip	ountry		Certificate of Status Desired	\$8.75 Ad Føe Regulre	ditional- id	-
	6. Name and Address of Current R	egistered Agent		7. 1	Name and Address of New Registered	Agent		1_
DI EV CI	IADI ES D		Name					
RILEY, CHARLES P. 4551-N-DAVIS HWY				Street Address (P.O. Box Number is Not Acceptable)				
STE-1-A								1
PENSAC	DLA FL 82503		City		Fi	Zip Cod	e	1
A The shows	named entity submits this statement for	A nure of changing its regist	ared office or re	nietered en		<u> </u>		1
o. me abote	y harned entry stuffings this statement lo	the propose of changing its regist	ered Dilice Qi N	shisteren añ	ent, of both, in the State of Florida.			
SIGNATURE	_ (helle	· (Cily	<u> </u>					
	Signature, typed or printed name of registered agent an	d site if epplicable (NOYE: Regist	ered Agent signature	required when re	instating) DATE			4
This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After May 1, 200			E IS \$150.00 w will be \$55		10. Election Campaign Financing		O May Be	
	ria on back)	Make Check Payable to			Trust Fund Contribution.	☐ Added	to Fees	ĺ
11.	OFFICERS AND D		2.	AD	DITIONS/CHANGES TO OFFICERS AN			
TITLE NAME	PD RILEY, CHARLES P.		ITLE .	RILEY	1, CHARLES P.	Change	☐ Addition	CR2E034 (9/01)
STREET ADDRESS	4551-N-DAVIS HWY-STE-1-A	**	TREET ADDRESS	9400	LINIVERSITY PRWY	`	•	8
CITY-ST-ZIP	PENGACOLA FL-92503		TY-ST-ZIP	PEN	LINIVERSITY PRWY SACOLA, TEL 32	514		72E
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NAME STREET ADDRESS		■ Q1					ļ	l
STREET ADDRESS CITY-ST-ZIP		•	TY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE		Cr Daleta TI	TLE			☐ Change	Addition	
STREET ADDRESS CITY-SI-ZIP TITLE NAME		CC Delete TII	TLE IME			Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE		CI Delete TII NA SI	TLE			Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. hereby c	certify that the Information supplied with th	Delete Till NA SI CT	TLE ME REET ADDRESS TY-ST-ZIP LEMOTION STATES	in Section 1	19.07(3)(i), Florida Statutes. I further cer	tily that the in	formation	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. hereby c	certify that the Information supplied with the on this report or supplemental report is transfer or the receiver or trustee emoves or on an attachment with an address.	Delete Till NA SI CT	TLE ME REET ADDRESS TY-ST-ZIP LEMOTION STATES	in Section 1 a the same li er 607, Florid	19,07(3)(i), Florida Statutes. I further cer egal effect as if made under oath; that I da Statutes; and that my name appears i	tily that the in	formation	