FILED Apr 14, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # FQQ1//

1. Entity Name WILLIAM H. WARRICK, III, M.D., P.A.					04-14-2003 90949	9 031 ***150).00	
Principal Place of Business % WILLIAM H WARRICK. III 420 SW 8TH STREET GAINESVILLE FL 32601		Mailing Address % WILLIAM H WARRICK, III 420 SW 8TH STREET GAINESVILLE FL 32601						
2. Principal Place of Business		3. Mailing Address		i 1881188 1118 1818; 1818 1811 8181 8181				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 59-2228314		pplied For at Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Register	ed Agent—		
			1	Name				
WARRICK, WILLIAM H., III 420 SW 8TH STREET			s	Street Address (F	(P.O. Box Number is Not Acceptable)			
GAINESVILLE FL 32601					. •			
			City			Zip Code)	
8. The above the obligat	named entity submits this statement foions of registered agent.	r the purpose of changing its re	egistered o	office or registere	ed agent, or both, in the State of Florida. 1 a	ım familiar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Age	gent signature required	when reinstating) DAT	E		
FILE NOW!!! FEE IS \$150.00				•	9. Election Campaign Financing	¢E O	Λ	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		State .			Trust Fund Contribution.		May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.					
TITLE ,	DP				ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	3 IN 11	
NAME Street Address	WARRION OR AREAL W	☐ Delete	TITLE		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS Change	S IN 11	
	WARRICK, DR MD H III		TITLE NAME	LDDRESS	ADDITIONS/CHANGES TO OFFICERS A			
CITY-ST-ZIP	WARRICK, DR MD H III 420 S W 8TH ST GAINESVILLE, FL 00000		TITLE		ADDITIONS/CHANGES TO OFFICERS A			
	420 S W 8TH ST		TITLE NAME STREET AI		ADDITIONS/CHANGES TO OFFICERS A			
CITY-ST-ZIP TITLE NAME	420 S W 8TH ST	☐ Delete	TITLE NAME STREET AI CITY-ST- TITLE NAME	-ZIP	ADDITIONS/CHANGES TO OFFICERS A	Change	☐ Addition	
CITY-ST-ZIP TITLE	420 S W 8TH ST	☐ Delete	TITLE NAME STREET AI CITY-ST-	-ZIP ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	420 S W 8TH ST GAINESVILLE, FL 00000	☐ Delete	TITLE NAME STREET AI CITY-ST- TITLE NAME STREET AI	-ZIP ADDRESS		Change	☐ Addition	
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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 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Daytime Phone #