

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90735 034 \*\*\*150.00

**DOCUMENT #** G11156

**1. Entity Name**

Timothy B. Bullard, MD, PA

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

ED / ORMC  
1414 S. Orange Ave  
Orlando, FL  
32806 USA

**3. Mailing Address**

1512 S. Orange Ave.  
Orlando, FL  
32806 USA

**B0061756**

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

59-2239197

Applied For  
Not Applicable

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Timothy Bullard, MD  
Street Address (P.O. Box Number is Not Acceptable) 1512 S. Orange Ave.  
City Orlando FL Zip Code 32806

**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.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

<u>P Bullard, Timothy B, MD</u>
<u>9159 Great Heron Circle</u>
<u>Orlando, FL 32836</u>

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

**13. 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 11 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

Timothy B. Bullard, M.D.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/02  
Date

407-841-5236  
Daytime Phone #

CR2E034B (12/01)