

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90137 030 \*\*\*150.00

0012881 AV

**DOCUMENT # G30868**

1. Entity Name  
**W.M. PHILIPS, JR., M.D., P.A.**

(L)



Principal Place of Business  
**% W.M. PHILIPS, JR.  
1021 E ROBINSON SUITE C  
ORLANDO FL 32801**

Mailing Address  
**% W.M. PHILIPS, JR.  
1021 E ROBINSON SUITE C  
ORLANDO FL 32801**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2268796**

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

**PHILIPS, W.M., JR.  
1021 E. ROBINSON ST  
ORLANDO FL 32801**

*W.M. Philips, Jr.*

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

TITLE NAME	<b>PTD PHILIPS, W.M., JR., M.D.</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1021 E. ROBINSON ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE NAME	<b>S PHILIPS, CAROLEE O.</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1021 E. ROBINSON ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 I am the person who signed for the report, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*W.M. Philips, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/03

**W.M. PHILIPS, JR., M.D.**  
**1021 E. Robinson St.**  
**ORLANDO, FL 32801**  
**Ph (407) 841-4022**

Date Daytime Phone #

CR2E034 (4/03)



**Wally Philips, MD**  
**Ophthalmologist**

1021-C East Robinson Street  
Orlando, Florida 32801  
(407) 841-4022

Attachment #

90147371

30868

Florida Department of State  
Division of Corporations  
2003 Uniform Business Report.

July 22, 2003

Dear Sirs:

I just received a notice of delinquence for my UBR. I don't recall receiving one at the end of 2002 or in January.

Please check your records to make sure we haven't already filed this report.  
I am enclosing a check for \$150.00 along with the form.

Thank you

Wally M. Philips M.D. (owner, pres)