

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G36535

FILED
Jan 06, 2003
Secretary of State

Entity Name: ARLEN R. STAUFFER, M.D., P.A.

Current Principal Place of Business:

230 FAIRGREEN AVE.
NEW SMYRNA, FL 32168 US

New Principal Place of Business:

230 FAIRGREEN AVENUE
NEW SMYRNA BEACH, FL 32168 US

Current Mailing Address:

230 FAIRGREEN AVE.
NEW SMYRNA, FL 32168 US

New Mailing Address:

230 FAIRGREEN AVENUE
NEW SMYRNA BEACH, FL 32168 US

FEI Number: 59-2286427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAUFFER, ARLEN R
230 FAIRGREEN AVE.
NEW SMYRNA, FL 32168 US

Name and Address of New Registered Agent:

STAUFFER, ARLEN R
230 FAIRGREEN AVENUE
NEW SMYRNA BEACH, FL 32168 US

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:

01/06/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PV () Delete
Name: STAUFFER, ARLEN R,
Address: 230 FAIRGREEN AVE.
City-St-Zip: NEW SMYRNA, FL 32168 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PV (X) Change () Addition
Name: STAUFFER, ARLEN R,
Address: 230 FAIRGREEN AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARLEN R. STAUFFER

PRES

01/06/2003

Electronic Signature of Signing Officer or Director

Date