2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

G61890 **DOCUMENT #**

1. Entity Name

SIGNATURE: 1

B. THOMAS FUSON, M.D., P.A.



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FUSON, B. THOMAS, M.D. 1824 SW 1ST AVE OCALA FL 34474 City City FL Zip Code FL Zip	Zip Country		Zip	Country	5. Certificate of Status Desired	\$8.75 Additional
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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 truestee 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.	12. I hereby of indicated of the cor changed	ertity that, the information supplied on this report or supplemental rep poration or the regeiver or trustee or on an attachment with an addir	d with this filing does not qualify to bort is true and accurate and that removered to execute this report ess, with all other like empowered	r the exemption stated in the signature shall have the as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further or ie same legal effect as if made under oath; that i 07, Florida Statutes; and that my name appears	ertify that the information I am an officer or director in Block 10 or Block 11 if

THOMAS FUSON

1/6/03 (352) 629-8088