2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H00583

1. Entity Name



FILED Apr 11, 2003 8:00 am Secretary of State 04-11-2003 90153 019 ***150.00

HOXANNE J. GUY, M.D., P.A.										
Principal Place 111 E HIBISC MELBOURNE		Mailing Address 111 E HIBISCUS BLVD MELBOURNE FL 32901								
_2Principal.F	Place of Business (3. Mailing Address				#1#11 #314 # 3 151 5 01#\$ #31 0 1	(0103 IIII 1 /11) I	KIRII DIQII DIBII	BJB11 MIBIT 1881	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	☐ CHECK HER	E IF MAKINO	G CHANGE	S	
City & State		City & State			4. FEI Nur	4. FEI Number 59-2432541			Applied For Not Applicable	
Zip	Country	Zip Coun		гу	5. Certific	ate of Status Desired			8.75 Additional e Required	
	6. Name and Address of Current Re	gistered Agent			7. Name a	and Address of New	Registered	Agent		1
OUV DO	/ANINE 1			Name	÷ -	7.				
GUY, RO		Street Addres			(P.O. Box Number is Not Acceptable)					1
1	BISCUS BLVD RNE FL 32901		}	. -	:					+
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*** #	· · · · · · · · · · · · · · · · · · ·			City	-		FL	Zip Co	de	
	named entity submits this statement for t ions of registered agent.	he purpose of changin	ig its registere	d office or registere	ed agent, or	both, in the State of	Florida. 1 am	familiar with	i, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent and	المواسم لا الندا	(NOTE: Presistant	Agent signature required			DATE			
<u> </u>		title ii applicable.	(NOTE: Registered	Agent signature required	witeri reinstating)	<u> </u>				-
	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00					Election Campaign			00 May Be	
	Payable to Florida Department of S	itate				Trust Fund Contribu	ion:	Adde	ed to Fees	- -≃
10.	OFFICERS AND DIRECTORS		11.	11.		NS/CHANGES TO O	FFICERS ANI	DIRECTO	RS IN 11]_
TITLE NAME	PTD Guy, Roxanne J	☐ Delete	TITLE NAME					Change	Addition	(10/02
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CITY-ST-ZIP	pertify that the information supplied with the	is filing does not excell	CITY-S		otion 110 070	(3)(i) Elevide State ==	l friedland	rtifu that the	information	-

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 turther certify that the information indicated on this report or supplemental report is true and accurate end that my signature shall have the same legal effect as if made under outh; that I am an officer or director of the corporation or the receiver or tostee empowered to execute (histogram 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.

Daytime Phone #