2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

H25757 DOCUMENT

1. Entity Name

DAVID N. GREENBLUM, M.D., P.A.



Principal Place of Business Mailing Address % DAVID N. GREENBLUM, M.D. % DAVID N. GREENBLUM, M.D. 805 CENTURY MEDICAL DRIVE 805 CENTURY MEDICAL DRIVE TITUSVILLE FL 32796 TITUSVILLE FL 32796 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. F Zip Country Zip Country **5**. C 6. Name and Address of Current Registered Agent 7. N GREENBLUM, DAVID N., M.D. Street Address (P.O. B 805 CENTURY MEDICAL DR. TITUSVILLE FL 32796 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered age the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. AD TITLE Delete TITLE GREENBLUM, DAVID N., MD NAME NAME STREET ADDRESS 805 CENTURY MEDICAL DR. STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL 32796 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90237 015 ***150.00

☐ CHECK HERE IF MAKING CHANGES			
Ja 2400a la			ot Applicable
Certificate of Status Desired \$8.75 Additional Fee Required			
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Election Campaign Financing Trust Fund Contribution.		Added	0 May Be I to Fees
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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 trustee empowered to require this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all of

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF