

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90047 039 ***150.00

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DOCUMENT # **H65245**

1. Entity Name

ROBERT C. HOWARD, M.D., P.A.

Principal Place of Business

2876 S. OSCEOLA AVE
ORLANDO FL 32806-8046
US

Mailing Address

2876 S. OSCEOLA AVE
ORLANDO FL 32806-8046
US

2. Principal Place of Business

4696 Posada Drive

Suite, Apt. #, etc.

3. Mailing Address

4696 Posada Drive

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-2544566

Applied For

Not Applicable

Zip

32839

Country

USA

Zip

32839

Country

USA5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HOWARD, ROBERT C
2376 S. OSCEOLA AVE
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name

Howard, Robert C

Street Address (P.O. Box Number is Not Acceptable)

4696 Posada Drive

City

Orlando**FL**

Zip Code

32839

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.

SIGNATURE

Robert C. Howard M.D.**Robert C. Howard M.D.****3-28-02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00**After May 1, 2002 Fee will be \$550.00****Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PDST** ☐ Delete
 NAME **HOWARD, ROBERT C.**
 STREET ADDRESS **2876 S. OSCEOLA AVE**
 CITY-ST-ZIP **ORLANDO FL 32806-8046**

TITLE **ST** ☐ Delete
 NAME **HOWARD, ROBERT C.**
 STREET ADDRESS **2876 S. OSCEOLA AVE**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4696 Posada Drive**
 CITY-ST-ZIP **Orlando, FL 32839**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert C. Howard M.D.**Robert C. Howard M.D.****3-28-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/01)