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

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc. -

## J26876 DOCUMENT #

1. Entity Name

Principal Place of Business

570 MEMORIAL CIRCLE, SUITE F

ORMOND BEACH FL 32174-5060

2. Principal Place of Business

HERON, HOWARD C.

570 MEMORIAL CIRCLE

**ORMOND BEACH FL 32174** 

% HOWARD C. HERON

Suite, Apt. #, etc.

City & State

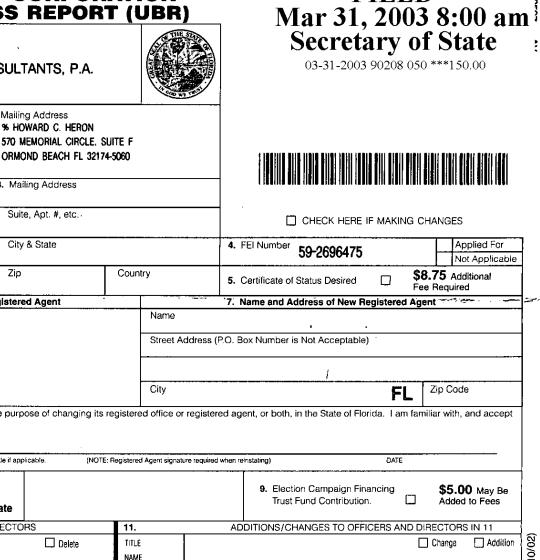
Zip

SUITE F

COLON AND RECTAL SURGERY CONSULTANTS, P.A.

Country

6. Name and Address of Current Registered Agent



**FILED** 

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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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
FILE-NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Finan     Trust Fund Contribution.		00 May Be d to Fees
10.	OFFICERS AND DIRECTO	RS	<b>11</b> . A		DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERON, HOWARD C. 570 MEMORIAL CIRCLE ORMOND BEACH FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			⊂ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with this filing	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

03/26/03