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Secretary of State
05-13-2002 90146 017 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

33491

DOCUMENT # J80245

1. Entity Name
T. PETER DOWNING, M.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3370 BURNS RD. STE 102	3370 BURNS RD
Suite, Apt. #, etc.: SUITE 102	Suite, Apt. #, etc.: SUITE 102
City & State: PALM BEACH GARDENS FL	City & State: PALM BEACH GARDENS, FL
Zip: 33410 County: PALM BEACH	Zip: 33410 County: PALM BEACH

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0029199 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: T. PETER DOWNING, M.D.

Street Address (P.O. Box Number is Not Acceptable): 3370 BURNS RD. SUITE 102
PALM BEACH GARDENS

City: PALM BEACH GARDENS FL Zip Code: 33410

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: _____ DATE: 5/29/02
Signature, type or print name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when changing)

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

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	DOWNING, T. PETER
STREET ADDRESS	1220 SANCTUARY DR.
CITY-ST-ZIP	~~PALM BEACH GARDENS, FL 33410~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 in an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-25-02
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR — Date — Daytime Phone #