

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

DOCUMENT # J80245
1. Entity Name
T. PETER DOWNING, M.D., P.A.

33491

DO NOT WRITE IN THIS SPACE

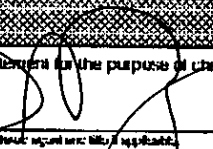
2. Principal Place of Business 3370 BURNS RD. SUITE 102 SUITE 102 PALM BEACH GARDENS FL Zip 33410 Country	3. Mailing Address 3370 BURNS RD SUITE 102 PALM BEACH GARDENS, FL Zip 33410 Country
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4. FID Number 65-0029199	Applied for ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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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 is typewritten or printed name of registered agent and is not applicable. (NOTE: Registered Agent signature is not applicable when filing.)

9. This corporation is eligible to satisfy its franchise tax filing requirements and elects to do so. ☐
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

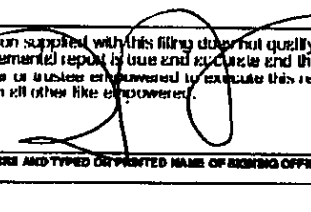
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOWNING, T. PETER 1220 SANCTUARY DR. PALM BEACH GARDENS, FL 33410
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CR2E004B (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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-25-02**
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR