

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90085 012 ***150.00

DOCUMENT # K02026

1. Entity Name

JOHN A. KINGSBURY, M.D., P.A.



Principal Place of Business

**% JOHN A. KINGSBURY
5960 CENTRAL AV. SUITE E
ST. PETERSBURG FL 33707**

Mailing Address

**% JOHN A. KINGSBURY
5960 CENTRAL AV. SUITE E
ST. PETERSBURG FL 33707**

2. Principal Place of Business

14434 - TANGLEWOOD DR.
Suite, Apt. #, etc.

3. Mailing Address

14434 - TANGLEWOOD DR.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

LARGO, FL

City & State

LARGO, FL

Zip

33774

Country

U.S.A.

Zip

33774

Country

U.S.A.

4. FEI Number

59-2869167

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KINGSBURY, JOHN A.
14434 TANGLEWOOD DR
LARGO FL 33774**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 **JOHN A. KINGSBURY M.D.**

[Signature]

DATE

1/13/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KINGSBURY, JOHN A.	
STREET ADDRESS	14434 TANGLEWOOD DR	
CITY-ST-ZIP	LARGO FL 33774	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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 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

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Kingsbury M.D.

Date

Daytime Phone #

1/13/03 727-593-7883