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

## DOCUMENT # K43086

the obligations of registered agent.

10.

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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

OFFICERS AND DIRECTORS

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

SANDERS, MICHAEL C., MD

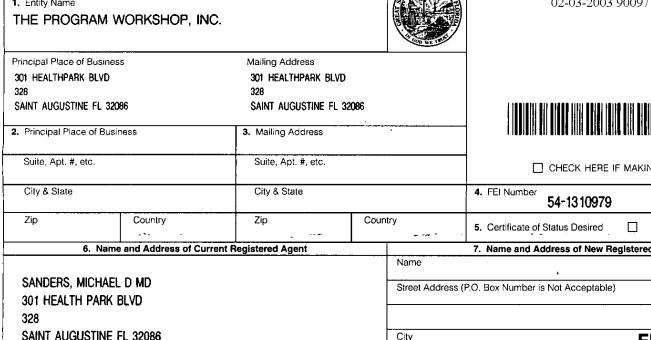
301 HEALTH PARK BLVD.

SANDERS, MARYANNE J.

301 HEALTH PARK BLVD.

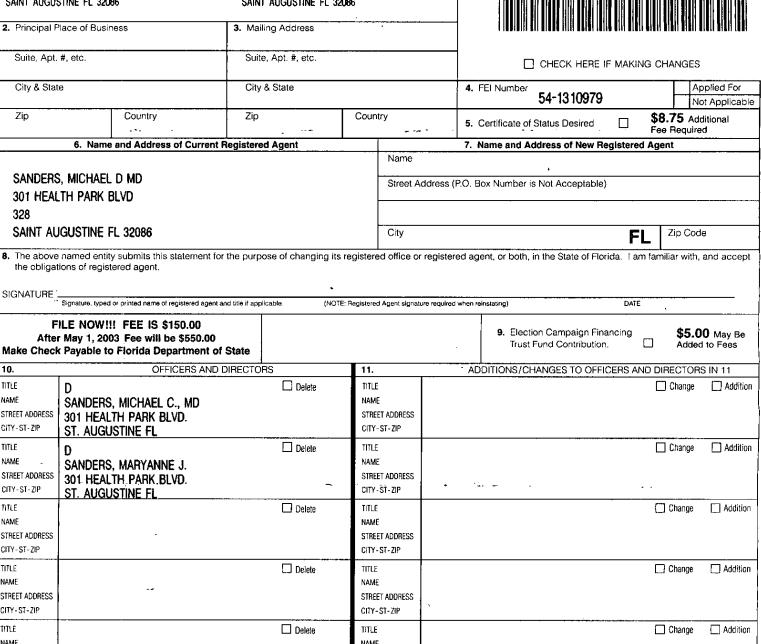
ST. AUGUSTINE FL

1. Entity Name



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90097 022 \*\*\*150.00



ST. AUGUSTINE FL TITLE ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

11.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Delete

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

SIGNATURE: