FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90478 004 ***150.00

DOCUMENT # K74224

1. Entity Name

PETER WEISSGERBER, M.D., P.A.

NC not present

DO NOT WRITE IN THIS SPACE

94065906

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3000 N. ORANGE AVENUE	1870 ALOMA AVENUE
Suite, Apt. #, etc.: SUITE C	Suite, Apt. #, etc.: SUITE 240
City & State: ORLANDO, FLORIDA	City & State: WINTER PARK, FLORIDA
Zip: 32804 Country: ORANGE	Zip: 32789 Country: ORANGE

4. FEI Number: 59-2945869 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: PETER WEISSGERBER, M.D.

Street Address (P.O. Box Number is Not Acceptable): 7725 CLEMENTINE WAY

City: ORLANDO **FL** Zip Code: 32819-4677

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PETER WEISSGERBER, M.D. 7725 CLEMENTINE WAY ORLANDO, FL 32819-4677
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CR2E034B (12/02)

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

SIGNATURE: _____ 4/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #