FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K7424

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



FILED

03 MAY -9 AM 11:07

SECRE TRY OF STATE PALLAH SSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

	DO MOLANCHI		SFAU					
2. Principal Place of Business 3000 N. ORANGE AVENUE		3. Mailing Address 3000 N. ORANGE AVENUE			PENSTATEMENT 97-03			
Suite, Apt. #, etc. SUITE C		Suite, Apt. #, etc. SUTTE C						
City & State - QRLANDO, FLORIDA		City & State ORLANDO, FLORIDA			Number 2945869		Applied For Not Applicable	
ziqu 32804	Country ORANGE	Zip 32804	Country OCANGE		5. Certificate of Status Desired \$8.75 Additional Fee Required		ee Required	
	The same of the sa					e and Address of Current R	egistered /	Agent
	and the second of the second o			Name PETER	W. WET	SSGERBER		
	DO NOT W	/RITE	Street Address (P.			P.O. Box Number is Not Acceptable)		
	the state of the s	AND THE PARTY OF THE PROPERTY OF THE PARTY O	and the state of t			(P.O. Box Number is Not Acceptable) ORANGE AVENUE, SULTE C		
	IN THIS SI	'ALE						
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	named entity submits this statement ions of registered agent.	or the purpose of changir	grîts registere	d office or register	red agen	t, or both, in the State of Flori	da. I am fan	niliar with, and accept
SIGNATURE 9	Signature, typed or printed name of registered ager	I and title if applicable.	(NOTE: Registered	Agent signature required	d when reinst	tating)	5/3/C	2
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 Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	美術的學	weng care of the same	A CHARLEST THE	6000186		
TITLE	PRESIDENI		TITLE		ngan dang Kalendar			
NAME	PETER W. WEISSGERBER		NAME	and Markey and the second		05/09/0301065		**1000.10
STREET ADDRESS CITY-ST-ZIP	3000 N. ORANGE, AVENUE, S	SUTTE C	Sec. 15 . 15 . 15 . 15 . 15 . 15 . 15 . 15	I Adoress St-Zip	eldev a riv		A	
	ORLANDO, FLORIDA 32804		2000 C	SIT LIT IN THE SECOND			A Property	
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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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/760 Date

Daytime Phone #

CR2E034B (12/02)