FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K74224

1. Entity Name

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

FILED

03 MAY -9 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 97-03 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3000 N. ORANGE AVENUE	3000 N. ORANGE AVENUE
Suite, Apt. #, etc.: SUITE C	Suite, Apt. #, etc.: SUITE C
City & State: ORLANDO, FLORIDA	City & State: ORLANDO, FLORIDA
Zip: 32804 Country: ORANGE	Zip: 32804 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 W. WEISSGERBER

Street Address (P.O. Box Number is Not Acceptable): 3000 N. ORANGE AVENUE, SUITE C

City: ORLANDO FL Zip Code: 32804

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: _____ 5/7/03

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

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	PRESIDENT
NAME	PETER W. WEISSGERBER
STREET ADDRESS	3000 N. ORANGE AVENUE, SUITE C
CITY-ST-ZIP	ORLANDO, FLORIDA 32804

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05/09/03--01065--001 **1658.75

DO NOT WRITE IN THIS SPACE

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: _____ 5/7/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)