


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90185 044 \*\*\*150.00

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<b>DOCUMENT #</b> K96951	
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1. Entity Name <b>GARY PYNCKEL, D.O., P.A.</b>	Principal Place of Business <b>3840 COLONIAL BLVD. 1 FT. MYERS FL 33916 US</b>	Mailing Address <b>P.O. BOX 3319 SARASOTA FL 34230</b>
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2. Principal Place of Business	3. Mailing Address <b>3840 Colonial Blvd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>STE. 1</b>

City & State <b>FT MYERS FL</b>	City & State
Zip <b>33912</b>	Country <b>US</b>



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent <b>PYNCKEL, GARY, D.O. 13660 HICKORY RUN LANE FT. MYERS FL 33912</b>	
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4. FEI Number <b>65-0126706</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PYNCKEL, GARY, D.O. 13660 HICKORY RUN LANE FT. MYERS FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <b>GARY PYNCKEL</b>	Date: <b>4/28/07</b>	Daytime Phone #: <b>(239) 278-3377</b>
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CR2E034 (10/02)