

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90102 046 ***150.00

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DOCUMENT # K99461

1. Entity Name
WILLIAM L. NYMAN, M.D., P.A.



Principal Place of Business
**% WILLIAM L. NYMAN M D
5539 MARINE PKWY/P O BOX 1175
NEW PORT RICHEY FL 34656-1175**

Mailing Address
**P.O BOX 1175
6806 CREELIA DR
NEW PORT RICHEY FL 34653**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2957320** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NYMAN, WILLIAM L, M D 5539 MARINE PARKWAY SUITE 3 NEW PORT RICHEY FL 34652		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE NYMAN, WILLIAM L MD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NYMAN, WILLIAM L MD		NAME	
STREET ADDRESS 5539 MARINE PKWY		STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EPTINS, PATRICK L		NAME	
STREET ADDRESS 6806 CREELIA DR.		STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL 34653		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **3-3-03**

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

CR2E034 (10/02)