

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000011965

FILED  
Feb 06, 2002 8:00 AM  
Secretary of State

**Entity Name:** MARK A. WEHRY, M.D., P.L.

**Current Principal Place of Business:**

545 BRENT LANE  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

545 BRENT LANE  
PENSACOLA, FL 32503

**New Mailing Address:**

**FEI Number:** 59-3672487

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FERNANDEZ, ELAINE M  
545 BRENT LANE  
PENSACOLA, FL 32503 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: WEHRY, MARK A  
Address: 545 BRENT LANE  
City-St-Zip: PENSACOLA, FL 32503

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARK A. WEHRY

MGR

02/06/2002

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date