2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L01713 **DOCUMENT #**

Singlet Address of Polymers and Address and Country	J. CAROL	GRIGG, M.D., P.A.			7	130.00
Suite, Apt. #, info. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required* 6. Name and Address of Current Registered Agent Name	4167 SANORA ORMOND BEA	LANE	4167 SANORA LANE ORMOND BEACH FL 3	2174		
City & State	2. Principal Place of Business		3. Mailing Address			<u> </u>
Country Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional Feet Required Seet Req	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CH.	ANGES
B. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent 7. Name and Address of Now Registered Agent 8. The above named only submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. I am familiar with, and accept the or originated agent or registered agent, or both, in the State of Forda. I am familiar with, and accept the originated agent or registered agent, or both, in the State of Forda. I am familiar with, and accept the originated agent or registered agent, or both, in the State of Forda. I am familiar with, and accept the originated agent or registered agent, or both, in the State of Forda. I am familiar with, and accept the originated agent or registered agent, or both, in the State of Forda. I am familiar with, and accept the originated agent or registered agent, or both, in the State of Forda. I am familiar with, and accept the originated agent or registered agent, or both, in the State of Forda. I am familiar with, and accept the originated agent or registered agent, or both, in the State of Forda. I am familiar with, and accept the originated agent or registered agent, or both, in the State of Forda. I am familiar with, and accept the originated agent or registered agent, or both, in the State of Forda. I am familiar with, and accept the originated agent or registered agent, or both, in the State of Forda. I am familiar with, and accept the originated agent or registered agent, or both, in the State of Forda. I am familiar with, and accept the originated agent or registered agent, or both, in the State of Forda. I am familiar with, and accept the originated agent or registered agent, or both, in the State of Forda. I am familiar with, and accept the originated agent or registered agent, or both, in the State of Forda. I am familiar with, and accept the originated agent or registered agent. I am familiar with, and accept the originated agent or registered agent, or both, in the State of Forda. I am familiar with, a	City & State	9	City & State		4. FEI Number 59-2958220	Applied For Not Applicable
GRIGG, J CAROL MD 4167 SANORA LANE ORMOND BACH FL 32174 8. The above named onity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIG	Zip	Country	Zip	Country		
Name		6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Ager	it
A167 SANORA LANE ORMOND BEACH FL 32174 City FL Zip Code				Name	ا میں اور	
RETURN NOW!! FEE IS \$150.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN TILE ORMOND BEACH FL 32174 ORMOND B				Street Address	s (P.O. Box Number is Not Acceptable)	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Sighature lightered agent agent and the flaphicable NOTE Registered Agent sighature required Agent s					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collipations of registered agent. SIGNATURE: Signature, lipse or printed name of registered agent and stell a publicable. (NOTE Registered Agent Signature required when remarkfulling) PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State O. OFFICERS AND DIRECTORS 11. Addition of Pinch Contribution. Ad	ORMOND	BEACH FL 32174			T	7: 0 - d -
THE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Page 11					_ <u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	SIGNATURE .	Signature, typed or printed name of registered aguature. It is shown in the state of the state o	00	NOTE: Registered Agent signature requ	9. Election Campaign Financing Trust Fund Contribution.	Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADD				11.	ADDITIONS/CHANGES TO OFFICERS AND DIF	
TITLE	TITLE NAME STREET ADDRESS	DP GRIGG, J CAROL 4167 SANORA LANE		NAME STREET ADDRESS		Change Addition
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FILED Feb 05, 2003 8:00 am Secretary of State

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 feceiver 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:

386676-1580