

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90206 046 ***150.00

0037700 AV

DOCUMENT # L02161

1. Entity Name
LANCASTER WHITAKER OFFICE, P.A.



Principal Place of Business
**410 JACKSONVILLE DRIVE
JACKSONVILLE BEACH FL 32250**

Mailing Address
**410 JACKSONVILLE DRIVE
JACKSONVILLE BEACH FL 32250**

90008930



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2953552**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**LANCASTER, STEVEN J M.D.
410 JACKSONVILLE DRIVE
JACKSONVILLE BEACH FL 32250**

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	LANCASTER, STEVEN M.D.	
STREET ADDRESS	410 JACKSONVILLE DRIVE	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WHITAKER, DALE M.D.	
STREET ADDRESS	410 JACKSONVILLE DRIVE	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	S	<input type="checkbox"/> Delete
NAME	YOUNG, EDWARD MD.	
STREET ADDRESS	410 JACKSONVILLE DRIVE	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	T	<input type="checkbox"/> Delete
NAME	VON THRON, JOHN MD.	
STREET ADDRESS	410 JACKSONVILLE DRIVE	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:  **LANCASTER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-03 904-241-1204
Date Daytime Phone #

CR2E034 (10/02)