FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-11-2002 90103 008 ***150.00

DOCUMENT # L38326

1. Entity Name
Deborah C. Flanagan, O.D., P.A.

DO NOT WRITE IN THIS SPACE

42992

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3160 - 5th Ave. No
Suite, Apt. #, etc.
Ste 107
City & State
St. Petersburg, FL
Zip 33713 Country US

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

4. FEI Number 59-3008682 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Dyril L. Flanagan
Street Address (P.O. Box Number is Not Acceptable) 5760 - Central Ave.
Ste. F
City St. Petersburg FL Zip Code 33707

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.

SIGNATURE ________________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President, CEO
NAME	Deborah C. Flanagan
STREET ADDRESS	5909 Pelican Bay Plz
CITY-ST-ZIP	Gulfport, FL 33707
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 9/6/02 7273216600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Deborah C. Flanagan

Attachment [redacted] 42992

#138826

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Dr. Deborah Flanagan, OD, PA.
2914 First Avenue North
St. Petersburg, Florida 33713
Telephone (813) 321-6600

To whom it may concern:

Due to a change of address, I did not receive my notice on time. I am in receipt of the second notice, which came to our new address. Please waive the late charge as we were unable to respond on time due to that reason.

Sincerely,

DC Flan