

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90093 047 \*\*\*150.00

**DOCUMENT # L75489**

**1. Entity Name**  
**KNIZLEY ENDOCRINE AND DIABETIC CARE, P.A.**



**Principal Place of Business**

**908 NW 57TH STREET  
SUITE E  
GAINESVILLE FL 32605**

**Mailing Address**

**908 NW 57TH STREET  
SUITE E  
GAINESVILLE FL 32605**

**2. Principal Place of Business**

**3. Mailing Address**

**1517 NW 98<sup>th</sup> STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**

**GAINESVILLE FL**

**Zip**

**Country**

**Zip**

**Country**

**32606**

**USA**

**4. FEI Number**

**65-0199943**

**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**

**KNIZLEY, HOMER, JR.**

**L75489**

**1517 NW 98TH STREET**

**GAINESVILLE FL 32606**

**GAINESVILLE FL 32606**

**1517 NW 98TH STREET**

**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.**

**SUITE E**

**SIGNATURE**

*Homer Knizley Jr.*

Signature, typed or printed name of registered agent and title if applicable.

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** **P** ☐ Delete  
**NAME** **KNIZLEY, HOMER, JR.**  
**STREET ADDRESS** **1517 NW 98TH STREET**  
**CITY-ST-ZIP** **GAINESVILLE FL 32606**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME** **KNIZLEY, HOMER, JR.**  
**STREET ADDRESS** **1517 NW 98TH STREET**  
**CITY-ST-ZIP** **GAINESVILLE FL 32606**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME** **KNIZLEY, HOMER, JR.**  
**STREET ADDRESS** **1517 NW 98TH STREET**  
**CITY-ST-ZIP** **GAINESVILLE FL 32606**

**TITLE** ☐ Change ☐ 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:**

*Homer Knizley Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-07-03**

Date

**352-332-7990**

Daytime Phone #