

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90128 049 ***150.00

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DOCUMENT # L83623

1. Entity Name

WILLIAM L. CARTER, M.D., P.A.



Principal Place of Business

**C/O DAVID P. BURKE
ONE HARBOUR PLACE, STE. 500
TAMPA FL 33602**

Mailing Address

**C/O DAVID P. BURKE
ONE HARBOUR PLACE, STE. 500
TAMPA FL 33602**



2. Principal Place of Business

William L. Carter, M.D., P.A.

3. Mailing Address

William L. Carter, M.D., P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2706 Martin Luther King Jr.

2706 Martin Luther King Jr.

City & State

City & State

Tampa, Florida

Tampa, Florida

Zip

Country

33607

U.S.A.

Zip

Country

33607

U.S.A.

4. FEI Number

59-3014879

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BURKE, DAVID P.
ONE HARBOUR PLACE
SUITE 500
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

CFRA, LLC

Street Address (P.O. Box Number is Not Acceptable)

One Harbour Place

777 S. Harbour Island Boulevard

City

Tampa

FL

Zip Code

33602-5730

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/03

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 **DP** ☐ Delete
NAME **CARTER, WILLIAM L.**
STREET ADDRESS **2706 MARTIN LUTHER KING**
CITY-ST-ZIP **TAMPA FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-14-03

Daytime Phone #

(813) 875-4813

CR2E034 (10/02)

Attachment#
L83623

90093102

REGISTERED AGENT ELECTION FORM

☒ William L. Carter, MD, P.A. ("the Company") does want CFRA, LLC, a subsidiary of Carlton Fields, to continue to serve as Registered Agent the Company. It is acknowledged and agreed that CFRA is not licensed to practice law and that its serving as Registered Agent does not constitute the performance of legal services for the Company and does not create an attorney-client relationship with the Company with either CFRA or Carlton Fields. In particular, you agree that such Registered Agent services alone do not create a conflict of interest that would prevent Carlton Fields from representing an adverse party in an unrelated legal matter. Of course, if an attorney-client relationship continues to exist otherwise, no such matter will be handled without further discussion and consent.

☐ A copy of the official Change of Registered Agent form is enclosed.

William L. Carter, MD, P.A.

By: [Signature]

Title: President

IF YOU ELECT TO HAVE CFRA SERVE AS REGISTERED AGENT, PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE PERSON TO BE CONTACTED:

Primary Contact: Name: David P. Burke, Esq
Address: CARLTON FIELDS, P.A.
PO Box 3259 Tampa, FL 33601-3239
Telephone: 813-223-7000
Fax: _____
Email: _____

OR:

☐ William L. Carter, MD, P.A. ("the Company") does NOT want CFRA, LLC to serve as Registered Agent. The Company will designate a new Registered Agent.

PLEASE CHECK ONE:

☒ A copy of the official Change of Registered Agent form is enclosed with an alternative Registered Agent designated.

☐ David Burke may resign as Registered Agent, the Company will be responsible for providing the Secretary of State with a new Registered Agent.

William L. Carter, MD, P.A.

By: [Signature]

Title: President