

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90177 042 ***150.00

0123961 AV

DOCUMENT # L83936

1. Entity Name
ROBERT M. LOVE, M.D., P.A.



Principal Place of Business
**1091 PORT MALABAR BLVD NE
SUITE 3
PALM BAY FL 32905**

Mailing Address
**1091 PORT MALABAR BLVD NE
SUITE 3
PALM BAY FL 32905**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3019099**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**THOMPSON, LYNNE R., ESQUIRE
529 E. NEW HAVEN
MELBOURNE FL 32901**

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 _____ (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 **PST** ☐ Delete
NAME **LOVE, ROBERT M.**
STREET ADDRESS **1155 MALABAR RD NE #10**
CITY-ST-ZIP **PALM BAY FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1091 PORT MALABAR BLVD NE, SUITE 3**
CITY-ST-ZIP **PALM BAY, FL 32905**

TITLE **VD** ☐ Delete
NAME **LOVE, ROBERT M.**
STREET ADDRESS **1155 MALABAR RD NE #10**
CITY-ST-ZIP **PALM BAY FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1091 PORT MALABAR BLVD NE, SUITE 3**
CITY-ST-ZIP **PALM BAY, FL 32905**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 (321)723-4616

Date Daytime Phone #

CR2E034 (10/02)