

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000001440

FILED
Feb 26, 2003
Secretary of State

Entity Name: CITIZENS FOR TORT REFORM, INC.

Current Principal Place of Business:

6675 WEeping WILLOW WAY
TALLAHASSEE, FL 32311

New Principal Place of Business:

6675 WEeping WILLOW WAY
TALLAHASSEE, FL 32311 US

Current Mailing Address:

6675 WEeping WILLOW WAY
TALLAHASSEE, FL 32311

New Mailing Address:

6675 WEeping WILLOW WAY
TALLAHASSEE, FL 32311 US

FEI Number: 03-0397630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORTHAM, SANDRA B
6675 WEeping WILLOW WAY
TALLAHASSEE, FL 32311

Name and Address of New Registered Agent:

MORTHAM, SANDRA B
6675 WEeping WILLOW WAY
TALLAHASSEE, FL 32311 US

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:

02/26/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Change (X) Addition
Name: MORTHAM, SANDRA B
Address: 6675 WEeping WILLOW WAY
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: D () Change (X) Addition
Name: FARMER, H. FRANK MD, PHD
Address: 5 N. RAVENSFIELD LANE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: PM () Change (X) Addition
Name: CLINE, ROBERT E MD
Address: 5601 N. DIXIE HIGHWAY, STE. 209
City-St-Zip: FT. LAUDERDALE, FL 33334 US

Title: D () Change (X) Addition
Name: LENTZ, CARL W MD
Address: 120 N. SENECA STREET
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: D () Change (X) Addition
Name: AGLIANO, DENNIS S MD
Address: 4600 N. HABANA AVE., STE. 23
City-St-Zip: TAMPA, FL 33614 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E. CLINE, MD

PM

02/26/2003

Electronic Signature of Signing Officer or Director

Date