

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90190 043 \*\*\*\*61.25

**DOCUMENT # N11882**

1. Entity Name

**CENTRAL PARKWAY PROFESSIONAL ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

901 CENTRAL PKWY  
 STUART FL 34994  
 US

PO BOX 6195  
 STUART FL 34997  
 US

102558



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0085431**

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

**ROBINSOND, CONNIE J**  
**1988 SE MONROE ST**  
**STUART FL 34997**

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.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GALLAGHER, FRANK	
STREET ADDRESS	961 CENTRAL PKWY	
CITY-ST-ZIP	STUART FL 34997	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MEYERS, CLYDE	
STREET ADDRESS	955 CENTRAL PKWY	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MECHER, JOSEPH	
STREET ADDRESS	963 CENTRAL PKWY	
CITY-ST-ZIP	STUART FL 34996	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUTES, ARTHUR L	
STREET ADDRESS	909 & 911 CENTRAL PKWY	
CITY-ST-ZIP	STUART FL 34997	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	MEHL, SR, PHILIP E	
STREET ADDRESS	959 CENTRAL PKWY	
CITY-ST-ZIP	STUART FL 34996	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUTES, ARTHUR	
STREET ADDRESS	913 CENTRAL PKWY	
CITY-ST-ZIP	STUART FL 34997	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meder, Joseph	
STREET ADDRESS	963 Central Parkway	
CITY-ST-ZIP	Stuart FL 34996	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lutes, Arthur L.	
STREET ADDRESS	909 & 911 Central Parkway	
CITY-ST-ZIP	Stuart FL 34996	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shaw, Stuart	
STREET ADDRESS	Central Parkway	
CITY-ST-ZIP	Stuart FL 34996	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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

4/30/01

Date

561 281-0000

Daytime Phone #

CR2E037 (10/00)