

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90363 025 ****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

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



DO NOT WRITE IN THIS SPACE

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 **Robinson Connie J.**
 Street Address (P.O. Box Number is Not Acceptable)
1988 SE Monroe St
Stuart FL 34997
 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

Connie J. Robinson

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	VP D	<input type="checkbox"/> Delete
NAME	MEDER, JOSEPH	
STREET ADDRESS	963 CENTRAL PKWY	
CITY-ST-ZIP	STUART FL 34996	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LUTES, ARTHUR L	
STREET ADDRESS	909 & 911 CENTRAL PKWY	
CITY-ST-ZIP	STUART FL 34996	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, STUART	
STREET ADDRESS	959 CENTRAL PKWY	
CITY-ST-ZIP	STUART FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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:

Frank Gallagher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/02

CR2E037 (9/01)