## **2002 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N98000006603 THE OSTEOPATHIC GROUP, INC. Principal Place of Business Mailing Address 1318 OAK STREET 1318 OAK STREET MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

Country

6. Name and Address of Current Registered Agent

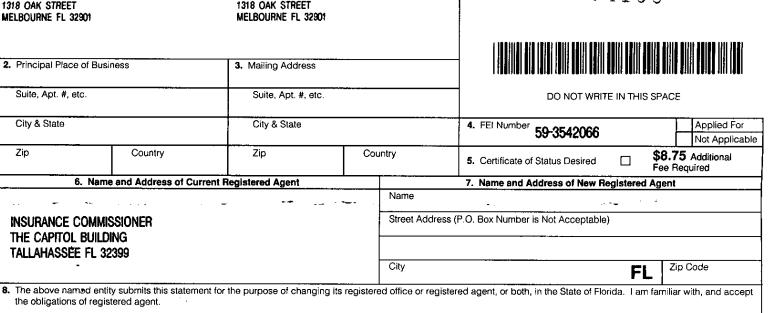
Signature, typed or printed name of registered agent and title if applicable.

City & State

Zip

## **FILED** Aug 13, 2002 8:00 am Secretary of State

08-13-2002 90227 042 \*\*\*\*61.25



DATE

min. will be \$236.25.		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 NAME STREET ADDRESS CITY-ST-ZIP	PD Warren, David D 1318 Oak Street Melbourne FL 32901	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD NEWTON, SHELIA D 1318 OAK STREET MELBOURNE FL 32901	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Warren, Bonnie Jean 1318 oak Street Melbourne FL 32901	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. — — — — — — — — — — — — — — — — — — —	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·. <b>.</b> ,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	,	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	☐ Addition

Country

City

(NOTE: Registered Agent signature required when reinstating)

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.

City & State

INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32399

the obligations of registered agent.

Zip

SIGNATURE

08.09.2002

321.951.2828