

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002029

1. Entity Name

PATIENT EDUCATION GROUP, INC.

Principal Place of Business

Mailing Address

610 BELFAST TERRACE
SEBASTAIN FL 32958

P.O. BOX 3155
VERO BEACH FL 32964

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3585802

Applied For

Not Applicable

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

SHARMAN, SUMNER F
610 BELFAST TERRACE
SEBASTAIN FL 32958

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
After September 12, 2001, min. will be \$236.25

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
NAME SHARMAN, SUMNER F
STREET ADDRESS 610 BELFAST TER
CITY-ST-ZIP SEBASTAIN FL 32858 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DCB
NAME MCNAMARA, JAY
STREET ADDRESS 550 BEACH RD APT 220
CITY-ST-ZIP VERO BEACH FL-32963 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME BEASLEY, W EARLUS
STREET ADDRESS 2525 FAIRWAY RD
CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Sumner F. Shorman

9-2-2001 561-713-0792

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90061 003 ****61.25

A0084598



DO NOT WRITE IN THIS SPACE

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CR2037 (5/01)