

**2001 UNIFORM BUSINESS REPORT (UBR)**

0420345

**DOCUMENT # P00000032503**

1. Entity Name  
**JEFFREY A. LAMPHERE, PA-C, P.A.**

Principal Place of Business: **6645 RIDGE ROAD, PORT RICHEY FL 34668**

Mailing Address: **6645 RIDGE ROAD, PORT RICHEY FL 34668**

2. Principal Place of Business: **6645 RIDGE ROAD, PORT RICHEY FL 34668**

3. Mailing Address: **PO Box 244756**

Suite, Apt. #, etc.:

City & State: **BOYNTON BEACH, FL**

Zip: **33424-4756** Country: **USA**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

01 SEP 13 AM 10:54



DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-3622710** Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required:

6. Name and Address of Current Registered Agent: **TORRENCE, ALFRED W JR., 6645 RIDGE ROAD, PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent: 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>D</b>	<input type="checkbox"/> Delete	TITLE: <b>200004588912-6</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>LAMPHERE, JEFFREY A</b>		NAME: <b>-09/14/01--01054--011</b>	
STREET ADDRESS: <b>6645 RIDGE ROAD</b>		CITY-ST-ZIP: <b>***150.00 ***150.00</b>	
CITY-ST-ZIP: <b>PORT RICHEY FL 34668</b>			
TITLE: <b></b>	<input type="checkbox"/> Delete	TITLE: <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b></b>		NAME: <b></b>	
STREET ADDRESS: <b></b>		STREET ADDRESS: <b></b>	
CITY-ST-ZIP: <b></b>		CITY-ST-ZIP: <b></b>	
TITLE: <b></b>	<input type="checkbox"/> Delete	TITLE: <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b></b>		NAME: <b></b>	
STREET ADDRESS: <b></b>		STREET ADDRESS: <b></b>	
CITY-ST-ZIP: <b></b>		CITY-ST-ZIP: <b></b>	
TITLE: <b></b>	<input type="checkbox"/> Delete	TITLE: <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b></b>		NAME: <b></b>	
STREET ADDRESS: <b></b>		STREET ADDRESS: <b></b>	
CITY-ST-ZIP: <b></b>		CITY-ST-ZIP: <b></b>	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE: **7/24/01** TELEPHONE: **727-534-3337**

CR2E034 (10/00)

Attachment # P0000032503

Jeffrey A. Lamphere, PA-C, P.A.

A SURGICAL ASSISTING CORPORATION

POST OFFICE BOX 244756  
BOYNTON BEACH, FLORIDA 33424-4756

PHONE: 727-634-3337 / PAGER: 800-713-3631 / Fax: 520-244-7565  
lamphere@atlantic.net

July 24, 2001

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**RE: 2001 UNIFORM BUSINESS REPORT Document # P0000032503**

To whom this may concern

Enclosed is a signed and completed 2001 Uniform Business Report. I have also enclosed the \$150 processing fee.

I now understand that this report has been filed late. My attorney (and registered agent) listed in box 6 of the form, is responsible for filing this and other documents on my behalf. Unfortunately, Mr Torrence was diagnosed with Prostate Cancer earlier this year and unbeknownst to me, is now semi-retired. His office failed to pass on this document to me, and has been focusing on Mr Torrence's medical fight and recovery.

While I understand that ultimately this is my responsibility to file in a timely manner, I am asking the State to waive the late fee this year. This is my first report submitted to the State. I am now familiar with the regulations.

To take corrective action, I have updated my mailing address in box #3 to prevent similar occurrences.

Thank you in advance for your consideration. A reply by email or USPS would be appreciated.

Sincerely,

  
Jeffrey A. Lamphere, PA-C, P.A.

FELLOW  
AMERICAN ACADEMY OF  
PHYSICIAN ASSISTANTS

FLORIDA ACADEMY OF  
PHYSICIAN ASSISTANTS

AMERICAN ASSOCIATION  
OF SURGICAL PHYSICIAN  
ASSISTANTS

ASSOCIATION OF  
PHYSICIAN ASSISTANTS IN  
CARDIOVASCULAR  
SURGERY

ASSOCIATION OF  
PHYSICIAN ASSISTANTS IN  
ORTHOPAEDIC SURGERY

**Jeffrey A. Lamphere, PA-C, P.A.**

A SURGICAL ASSISTING CORPORATION

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PHONE: 727-534-3337 / PAGER: 800-713-3531 / Fax: 520-244-7565  
lamphere@atlantic.net

September 7, 2001

Florida Department of State  
Division of Corporations  
ATTN: Sean Toner/Sr. Section Administrator  
PO Box 6327  
Tallahassee, FL 32314

**RE: 2001 UNIFORM BUSINESS REPORT Document # P00000032503**

Dear Mr. Toner:

Thank you for your letter dated August 8, 2001 (copy enclosed). To clarify, I maintain that I received the Uniform Business Report from my attorney's office after the 5/1/01 deadline around 7/24/01. As stated in my original letter to you, my attorney was battling cancer, and basically had closed his office for several months, not able to conduct day-to-day business. There was therefore considerable delay in getting the UBR to me.

I have enclosed all correspondence that you returned to me in your reply letter, including a signed and completed 2001 Uniform Business Report and \$150 processing fee.

To take corrective action, I have updated my mailing address in box #3 to have future reports mailed to me, rather than my attorney, to prevent similar occurrences.

Thank you in advance for your consideration. I look forward to your reply.

Sincerely,

  
Jeffrey A. Lamphere, PA-C, P.A.

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