

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90010 013 ***550.00

DOCUMENT # P00000047274

1. Entity Name
DAVID A. SUGAR, MD, P.A.

Principal Place of Business
**7314 POINT OF ROCKS ROAD
 SARASOTA FL 34242**

Mailing Address
**7314 POINT OF ROCKS ROAD
 SARASOTA FL 34242**

U0063738



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7314 Point of Rocks Rd
 Suite, Apt. #, etc.

3. Mailing Address
7314 Point of Rocks Rd
 Suite, Apt. #, etc.

City & State
Sarasota Fla. DA

City & State
Sarasota Florida

4. FEI Number
65-1015174

Applied For
 Not Applicable

Zip
34242 Country
USA

Zip
34242 Country
USA

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

6. Name and Address of Current Registered Agent

**SUGAR, DAVID A
 7314 POINT OF ROCKS ROAD
 SARASOTA FL 34242**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	<i>vice president Stephanie SUBAR 7314 Point of Rocks Rd Sarasota FL 34242</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/01 *941-951-2669*
 Date Daytime Phone #

CFR2E034 (5/01)