

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90274 047 \*\*\*150.00

**DOCUMENT # P00000049722**

1. Entity Name  
**FRANK LOH, M.D., P.A.**



Principal Place of Business  
**2010 59TH ST. W.  
SUITE 4500  
BRADENTON FL 34209**

Mailing Address  
**2010 59TH ST. W.  
SUITE 4500  
BRADENTON FL 34209**



2. Principal Place of Business  
**2010 59TH ST W  
SUITE 4600**

3. Mailing Address  
**2010 59TH ST W  
SUITE 4600**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**BRADENTON FL**  
Zip  
**34209**  
Country  
**US**

City & State  
**BRADENTON FL**  
Zip  
**34209**  
Country  
**US**

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SUTTON, KEVIN H  
101 EAST KENNEDY BLVD.  
SUITE 3700  
TAMPA FL 33602**

**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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** ☐ Delete  
NAME **LOH, FRANK**  
STREET ADDRESS **2010 59TH ST. WEST**  
CITY-ST-ZIP **BRADENTON FL 34209**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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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 607, 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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/12/03 (941) 768 8691**

Date

Daytime Phone #

CR2E034 (10/02)