

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000060994

FILED
Jan 30, 2002 8:00 AM
Secretary of State

Entity Name: GLENN A. TOVAR DIAS, M.D., P.A.

Current Principal Place of Business:

42 BARKLEY CIRCLE
SUITE #2
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

P O BOX 61570
FORT MYERS, FL 33906

New Mailing Address:

FEI Number: 65-1017823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, GAREY F
HUMPHREY & KNOTT, P.A.
1625 HENDRY STREET, SUITE 301
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

BUTLER, GAREY F
FOWLER WHITE
2201 SECOND STREET, 5TH FLOOR
FORT MYERS, FL 33901 US

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: GAREY F. BUTLER

01/30/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DIAS, GLENN A M.D.
Address: 38 BARKLEY CIRCLE, SUITE #2
City-St-Zip: FORT MYERS, FL 33907

Title: P (X) Delete
Name: TOVAR DIAS, GLENN A
Address: 42 BARKLEY CIRCLE SUITE #2
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TOVAR DIAS, GLENN A M.D.
Address: 42 BARKLEY CIRCLE, SUITE #2
City-St-Zip: FORT MYERS, FL 33907

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN A. TOVAR DIAS, M.D.

P

01/30/2002

Electronic Signature of Signing Officer or Director

Date