FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91885 042 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000072013

1. Entity Name
Albert E Zant JR MD PA

DO NOT WRITE IN THIS SPACE

90129208

2. Principal Place of Business: 913 A Mar Walt Drive
Suite, Apt. #, etc.
City & State: Ft Walton Bch, FL
Zip: 32547 Country: USA

3. Mailing Address: 913 A Mar Walt Drive
Suite, Apt. #, etc.
City & State: Ft. Walton Bch FL
Zip: 32547 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3665615 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Albert E Zant Jr
Street Address (P.O. Box Number is Not Acceptable): 913 A Mar Walt Drive
City: Ft. Walton Bch FL Zip Code: 32547

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	D	TITLE	
NAME	Albert E Zant Jr MD	NAME	
STREET ADDRESS	913 A Mar Walt Dr	STREET ADDRESS	
CITY-ST-ZIP	Ft. Walton Bch, FL 32548	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034R (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/30/03 8502438229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #