

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91885 042 ***150.00

DOCUMENT # P00000072013 1. Entity Name Albert E Zant Jr MD PA	
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DO NOT WRITE IN THIS SPACE

90129208

2. Principal Place of Business 913 A Mar Walt Drive Suite, Apt. #, etc.	3. Mailing Address 913 A Mar Walt Drive Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Ft Walton Bch, FL	City & State Ft. Walton Bch, FL	4. FEI Number 59-3665615	☐ Applied For ☐ Not Applicable
Zip 32547	Country USA	Zip 32547	Country USA

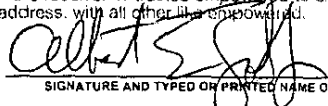
DO NOT WRITE IN THIS SPACE	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
	7. Name and Address of Current Registered Agent			
	Name Albert E Zant Jr			
	Street Address (P.O. Box Number is Not Acceptable) 913 A Mar Walt Drive			
		City Ft. Walton Bch	FL	Zip Code 32547

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 filing.)	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 NAME STREET ADDRESS CITY-ST-ZIP	D Albert E Zant Jr MD 913 A Mar Walt Dr Ft. Walton Bch, FL 32547	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/30/03 Date	8502438229 Daytime Phone *
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CD20034R (12/02)