

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

DOCUMENT # **P00000074517**

1. Entity Name

**BLUE OCEAN DREAMS, INC**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 22 AM 8:00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**500 NW 43<sup>RD</sup> STREET**

Suite, Apt. #, etc.

**STE 3**

City & State

**GAINESVILLE FL**

Zip

**32607**

Country

**USA**

3. Mailing Address

**500 NW 43<sup>RD</sup> STREET**

Suite, Apt. #, etc.

**STE 3**

City & State

**GAINESVILLE FL**

Zip

**32607**

Country

**USA**

**REINSTATEMENT**

DO NOT WRITE IN THIS SPACE

**03**

**MRS**

4. FEI Number

**59-3660305**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**ROSS HOWITT**

Street Address (P.O. Box Number is Not Acceptable)

**500 NW 43<sup>RD</sup> STREET, STE 3**

City

**GAINESVILLE**

FL

Zip Code

**32607**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P, D  
ROSS HOWITT  
500 NW 43<sup>RD</sup> STREET, STE 3  
GAINESVILLE FL 32607**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V, D  
KATHLEEN HOWITT  
500 NW 43<sup>RD</sup> STREET, STE 3  
GAINESVILLE FL 32607**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**400024391294  
11/03/03--01105--023 \*\*150.00**

**DO NOT WRITE  
IN THIS SPACE**

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:

**Ross Howitt**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/26/03 352-379-8220**

Daytime Phone #

CR2E034B (12/02)

PHYSICIAN ADVISORY GROUP<sub>INC</sub>

October 13, 2003

Division Of Corporations  
Annual Report / Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Dear Sir or Madam:

This letter is being written requesting corporation reinstatement for the following entity:

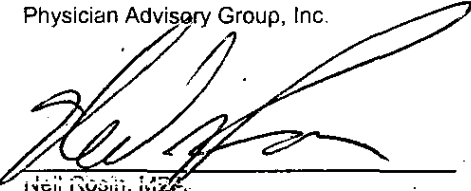
Entity: Blue Ocean Dreams, Inc.  
Doc#: P00000074517  
FEIN: 89-3600305  
Address: 500 NW 43rd Street  
Gainesville, FL 32607  
Officer: Ross Howitt

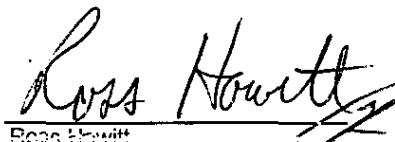
As the business manager for Mr. Howitt's medical practice, it came to my attention, through researching the division of corporations for the state of Florida, that the above entity had not paid the annual uniform business report fee for 2003. Upon further investigation, it was discovered that the annual UBR forms was being mailed to the above entity's incorrect address in Gainesville, Florida. In researching the public records through the website [www.sunbiz.org](http://www.sunbiz.org) it came to our attention that the incorrect address was still on file. As a result, the entity indicated above had been resolved, erroneously. Therefore, in an effort to reinstate this corporation, please accept the enclosed check made payable to the Department of State for \$150.00. This check is to cover the 2003 calendar year.

Thank you in advance for your consideration. We appologize for any inconvenience and confusion. Please make the appropriate address changes in your system for future mailings to the address indicated above. Our cancelled check will be considered our receipt for reinstatement.

Sincerely,  
Physician Advisory Group, Inc.

Blue Ocean Dreams, Inc.

  
Neil Rosh, M.D.  
Consultant / Business Manager

  
Ross Howitt  
President / Director