

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 91232 015 ***158.75

DOCUMENT # P00000082376

1. Entity Name
FAITH MEDICAL, P.A.

Principal Place of Business Mailing Address
2430 SHADOW LAWN DRIVE STE 13 PO BOX 7646
NAPLES FL 34112 FT MYERS FL 33911

2. Principal Place of Business 3. Mailing Address
213 S. Airport Pulling Rd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Naples, FL
 Zip Country Zip Country
34104

4. FEI Number **65-1038991** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ATWOOD, MICHAEL S.
8450 BEACON BLVD.
CAPE CORAL FL 33903
Ft. Myers, FL 33993

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.

SIGNATURE *[Signature]* DATE
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS ATWOOD, MICHAEL S 8450 BEACON BLVD FT MYERS FL 33993	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date Daytime Phone #

CR2E034 (9/01)