2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P00000082276



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



1. Entity Name FAITH MEDICAL, P.A.						05-05-2003 9	-	5 ***158.	75	<
Principal Place of Business 213 S AIRPORT PULLING RD NAPLES FL 34104 Mailing Address PO 80X 7646 FT MYERS FL 33911						T TORRISON ON ARTIS ENTER BRITE BEING BEING BEING BEING SERVE STRUK TRANS CHAIR CHIL INDIC				-
2. Principal F	Place of Business	3. Mai	3. Mailing Address			CHECK HERE IF MAKING CHANGES				
Suite, Apt. #, etc. City & State		Suit	Suite, Apt. #, etc. City & State							
		City			4	4. FEI Number 65-1038991		Applied For Not Applicable		
Zip	Country	Zip		Country	5	. Certificate of Status Desired		\$8.75 Add Fee Require		
	6. Name and Addr	ess of Current Register	ed Agent			Name and Address of New R	egistered A	gent		
ATWOOD	MICHAEL S			Nan	ne 					
ATWOOD, MICHAEL S. 8450 BEACON BLVD.				Stre	et Address (P.O	Box Number is Not Acceptable	•)			
	RAL FL 33993									
				City			FL	Zip Cod	e	
8. The above	named entity submits t	his statement for the purp	ose of changing its re	egistered offic	e or registered :	agent, or both, in the State of Flo		amiliar with	and accept	
	tions of registered agen		or on-ng,g	-9-0-0-0-		9		,		
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	. Levis a later of the construction	e of registered agent and title if app) (y DATE)			
Afte	ÎLE NOW!!! FEE IS r May 1, 2003 Fee wi	, φιου.υυ	TALECT AVAILABLE	er en en en en en en en	offer adoption, All security	9. Election Campaign Fin	ancing		May Be	
Make Check	k Payable to Florida I	Department of State				Trust Fund Contribution	n. 🗔	Added	to Fees	
10.			RS	11.		Trust Fund Contribution ADDITIONS/CHANGES TO OFF			S IN 11	
10. TITLE		Department of State DEFICERS AND DIRECTO S D	RS Delete	11. TITLE NAME STREET ADDRI CITY-ST-ZIP					S IN 11	E034 (10/02)
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12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an addres

SIGNATURE:

Date

Daytime Phone #