

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

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91752 026 \*\*\*150.00

**DOCUMENT #** P00000083399

1. Entry Name

VALERIE C. SMART, M.D., P.A.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1875 Colonial Blvd.

Suite, Apt. #, etc.

3. Mailing Address

404 Bayshore Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Myers, FL

City & State

Cape Coral, FL

4. FEI Number

65-1036073

Applied For

Not Applicable

Zip

33907

Country

USA

Zip

33904

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Valerie C. Smart, M.D.-

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

404 Bayshore Drive

City

Cape Coral

FL

Zip Code

33904

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	P/S/T/Sole Director: Valerie C. Smart 404 Bayshore Drive Cape Coral, FL 33904
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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 on an attachment with an address, with all other information empowered.

SIGNATURE: *Valerie C. Smart*

Valerie C. Smart

4-29-02

1-239-277-7747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)