

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90170 016 \*\*\*150.00

**DOCUMENT # P00000089207**

1. Entity Name  
**R. BRUCE REDMON, M.D., P.A.**



Principal Place of Business  
**1803 PARK CENTER DRIVE, SUITE 110  
ORLANDO FL 32835**

Mailing Address  
**1803 PARK CENTER DRIVE, SUITE 110  
ORLANDO FL 32835**



2. Principal Place of Business  
**1603 S. Hiawasse Rd**

3. Mailing Address  
**1603 S. Hiawasse Rd.**

Suite, Apt. #, etc.  
**Suite 110**

Suite, Apt. #, etc.  
**Suite 110**

City & State  
**Orlando FL**

City & State  
**Orlando FL**

4. FEI Number  
**59-3671648**

Applied For  
Not Applicable

Zip  
**32835**

Country  
**U.S.**

Zip  
**32835**

Country  
**U.S.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REDMON, ROBERT B**  
**1803 PARK CENTER DRIVE, SUITE 110**  
**ORLANDO FL 32835**

Name

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

**1603 S. Hiawasse Rd**

**Suite 110**

City

**Orlando, FL**

**FL**

Zip Code

**32835**

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 *R. Bruce Redmon, M.D.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete  
NAME **REDMON, ROBERT B**  
STREET ADDRESS **1803 PARK CENTER DRIVE, SUITE 110**  
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **D** ☒ Change ☐ Addition  
NAME **Redmon, Robert B**  
STREET ADDRESS **1603 S. Hiawasse Rd, Suite 110**  
CITY-ST-ZIP **Orlando, FL 32835**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE: *R. Bruce Redmon, M.D.* **REQUIRE R. Bruce Redmon, M.D. 1/27/03 407-578-7174**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)