2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000091650

Address:

City-St-Zip:

Entity Name: PAMELA EBMEIER MONTMENY, O.D., P.A.

FILED Mar 23, 2003 Secretary of State

| Current P | rincipal Place | of Business: | New Prin | New Principal Place of Business: | | | |
|---|---|---------------------------------------|---|---|---------------------------------|---------|--|
| SUITE#3 | AKLAND PAR ERDALE, FL 3 | | | | | | |
| | lailing Addres | | New Mail | New Mailing Address: | | | |
| 2157 NE 6 FT LAUDE | 3RD ST ERDALE, FL 3 | 3308 | | | | | |
| FEI Number | : 65-1043992 | FEI Number Applied For() | FEI Number Not App | olicable () | Certificate of Status Desired | () | |
| Name and | Address of (| Current Registered Agent: | Name and | Name and Address of New Registered Agent: | | | |
| C/O TRIPF 110 SE 6T FT LAUDE | VILLIAM J ESC P SCOTT, P.A H ST, 15TH F ERDALE, FL 3 | LOOR 3301 US | | | | | |
| | named entity e of Florida. | submits this statement for th | e purpose of changing | its registere | d office or registered agent, c | r both, | |
| SIGNATUI | RE: | | | | | | |
| | Electro | nic Signature of Registered | Agent | | Date | | |
| | mpaign Financin S AND DIREC | g Trust Fund Contribution(). TORS: | ADDITIO | NS/CHANGI | ES TO OFFICERS AND DIR | ECTORS: | |
| Title: Name: Address: City-St-Zip: | , | = : | Title: Name: Address: City-St-Zip: | | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | • | | Title: Name: Address: City-St-Zip: | | () Change () Addition | | |
| Title: Name: | (|) Delete | Title: Name: | C EBMEIER, F | () Change (X) Addition | | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

304 SOUTH CHURCH ST.

CARMI, IL 62821

SIGNATURE: PAMELA EBMEIER MONTMENY D 03/23/2003