


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

FILED
Jun 11, 2003 8:00 am
Secretary of State

06-11-2003 90064 025 ***550.00

DOCUMENT # P00000093314

1. Entity Name
John G. Brown, D.O., P.A.



DO NOT WRITE IN THIS SPACE

90139264

2. Principal Place of Business <i>3201 E. Olive Road</i>		3. Mailing Address <i>3201 E. Olive Road</i>	
Suite, Apt. #, etc. <i>Suite A</i>		Suite, Apt. #, etc. <i>Suite A</i>	
City & State <i>Pensacola, FL</i>		City & State <i>Pensacola, FL</i>	
Zip <i>32514</i>	Country <i>Escambia</i>	Zip <i>32514</i>	Country <i>Escambia</i>

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4. FEI Number <i>59-3676513</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <i>John G. Brown, D.O.</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>3201 E. Olive Rd</i>			
<i>Suite A</i>			
City <i>Pensacola</i>		FL	Zip Code <i>32514</i>

**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. I am familiar with, and accept the obligations of registered agent:

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

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President John G. Brown, D.O. 3201 E. Olive Rd Suite A Pensacola, FL 32514</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President Bette K. Brown 3201 E. Olive Rd Suite A Pensacola, FL 32514</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Bette K. Brown* Date: *6/9/03* Daytime Phone #: *850-969-7900*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)