2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108004

1. Entity Name

RONALD G. THOMAS, M.D., P.A.



FILED Mar 28, 2003 8:00 am Secretary of State

03-28-2003 90064 016 ***150.00

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Mailing Address 11579 SAN JOSE BLVD. JACKSONVILLE FL 32223							
ipal Place of Business 3. Mailing Address							13111 6181 1031
Suite, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
State City & State			4.	4. FEI Number 59-3707896			applied For
Zip		Country	5.	Certificate of Status Desired	□ \$	8.75 Ad	iditional ed
Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
		Name		·			
MORGAN, ROBERT M 10110 SAN JOSE BLVD.			Street Address (P.O. Box Number is Not Acceptable)				
		O't-				7:- 0	
		City			FL	Zip Cod	de
	ose of changing its r	egistered office or r	egistered ag	gent, or both, in the State of Florid	da. I am far	niliar with	, and accept
e of registered agent and title if app	olicable. (NOTE:	Registered Agent signature	required when r	einstaling)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			•	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.0 Adde	00 May Be ed to Fees
OFFICERS AND DIRECTO	RS	11.	ΑI	DDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTOF	RS IN 11
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	a. Mai Suit City / Zip eass of Current Registere e of registered agent and title if app \$ \$150.00 Bepartment of State DEFICERS AND DIRECTO G M.D. BLVD. 32223	3. Mailing Address Suite, Apt. #, etc. City & State Zip ess of Current Registered Agent of registered agent and title if applicable. (NOTE: \$ \$150.00 Bepartment of State DEFICERS AND DIRECTORS G M.D. BLVD. 32223 Delete Delete Delete Delete	11579 SAN JOSE BLVD. JACKSONVILLE FL 32223 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country Country City City	3. Mailing Address Suite, Apt. #, etc. City & State 4. Zip Country 5. ess of Current Registered Agent 7. Name Street Address (P.O. E City City City City City City City City This statement for the purpose of changing its registered office or registered agent end title if applicable. (NOTE: Registered Agent signature required when recovered agent end title if applicable. S \$150.00 Department of State DEFICERS AND DIRECTORS 11. ALE TITLE MAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF City Country S. Certificate of Status Desired	11378 SAN JOSE BLVD. JACKSON/ILLE FL 32223 Suite, Apt. W, etc. Check Here IF MAKING Company of Status Desired Seas of Current Registered Agent P. Country S. Certificate of Status Desired Seas of Current Registered Agent P. Name and Address of New Registered Agent P. Name and Address P. Name and Address of New Registered Agent P. Name and Address P. Name and A	11579 SAN JOSE BUD. JACKSONVILE FL 32223 3. Mailing Address Suite, Apt. #, etc. Check Here IF MAKING CHANGES City & State 4. FEI Number S9-3707896 A Zp Country 5. Certificate of Status Desired F8.75 Age Street Address (P.O. Box Number is Not Acceptable) City FL Zip Co Street Address (P.O. Box Number is Not Acceptable) The Address of New Registered Agent White Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address of New Registered Agent City FL Zip Co Statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with a city of the purpose agent and five it applicable. (MOTE Registered Agent agents on equivalent menutating) DATE Statement for the purpose of changing its registered Agent agents on equivalent menutating) DATE Statement for the purpose of changing its registered Agent agents on equivalent menutating) DATE Statement for the purpose of changing its registered Agent agents on equivalent menutating) DATE Statement for the purpose of changing its registered Agent agents on equivalent menutating) DATE Statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with a Statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with a Statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with a Statement for the purpose of changing its registered agent

12. Thereby 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 popular 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 true fee 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 an address.

SIGNATURE

FOR

Zlaz 37164 Daytime Phone #