

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91008 011 ***150.00

DOCUMENT # P00000113168

1. Entity Name

PETER C. WASSMER, M.D., P.A.



Principal Place of Business
1615 PASADENA AVE S. STE 300
ST PETERSBURG FL 33707

Mailing Address
C/O ENGLANDER & FISCHER, P.A.
P.O. BOX 1954
ST PETERSBURG FL 33731-1954

2. Principal Place of Business

3. Mailing Address

6206 FAIRWAY BAY BLVD. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
GULFPORT, FL

Zip

Country

Zip

33707

Country

4. FEI Number

59-3689039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ENGLANDER & FISCHER, P.A.
721 1ST AVE N
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

PETER C. WASSMER MD

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

6206 FAIRWAY BAY BLVD. S.

City

GULFPORT

FL

Zip Code

33707

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/03

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 ☐ Delete
NAME **D**
STREET ADDRESS **WASSMER, PETER C M.D.**
CITY-ST-ZIP **1615 PASADENA AVE S, STE 300**
ST PETERSBURG FL 33707

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *[Signature]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

(727) 381-9696

Date

Daytime Phone #

CR2E034 (10/02)