## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## DOCUMENT #

P01000007840

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

403 SABLE OAK DR.

VERO BCH FL 32963

1. Entity Name

HOWARD T. TEE, MD. P.A.

Principal Place of Business

2. Principal Place of Business

Country

6. Name and Address of Current Registered Agent

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

Suite, Apt. #, etc....

TEE, HOWARD T

403 SABLE OAK DR. VERO BCH FL 32963

the obligations of registered agent.

City & State

Zip

403 SABLE OAK DR.

VERO BCH FL 32963



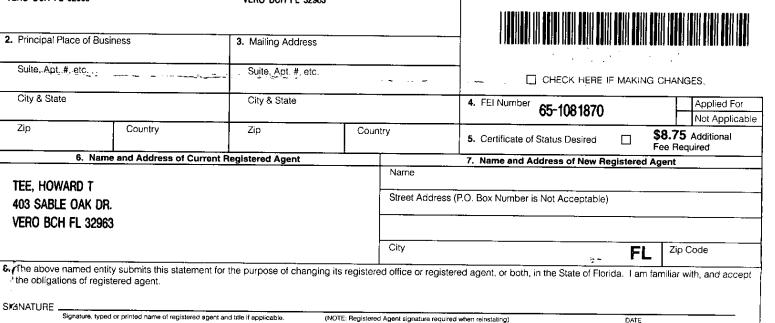
Country

Name

City

Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90031 037 \*\*\*150 00

FILED



	ILE NOW!!! FEE IS \$150.00					
After	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State	<del></del>	The same of the sa	Election Campaign Financing     Trust Fund Contribution.	<b>\$5.0</b> □ Added	May Be to Fees
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEE, HOWARD T 403 SABLE OAK DR. VERO BCH FL 32963	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #