# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000010559

**FILED**
**Jan 13, 2003**
**Secretary of State**

**Entity Name:** DR. ANTHONY J. BUFO, M.D., P.A.

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 13005 SOUTHERN BLVD<br>SUITE 233 MOB 2<br>LOXAHATCHEE, FL 33470 | |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| 13005 SOUTHERN BLVD<br>SUITE 233 MOB 2<br>LOXAHATCHEE, FL 33470 | |

FEI Number: 65-1072693    FEI Number Applied For ( )    FEI Number Not Applicable ( )    Certificate of Status Desired ( )

| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
|---|---|
| BLOCK, PHYLLIS S ESQ<br>712 US HWY ONE, STE 301<br>N PALM BEACH, FL 33408    US | BLOCK, PHYLLIS S ESQ<br>515 N FLAGLER DR<br>SUITE 600<br>WEST PALM BEACH, FL 33408 US |

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.

SIGNATURE:  PHYLLIS S. BLOCK                                                01/13/2003
          Electronic Signature of Registered Agent                              Date

**Election Campaign Financing Trust Fund Contribution ( ).**

| **OFFICERS AND DIRECTORS:** | **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:** |
|---|---|
| Title:      DR.        ( ) Delete<br>Name:     BUFO, ANTHONY J DR.<br>Address:   11830 KESWICK WAY<br>City-St-Zip:  W PALM BEACH, FL 33412 | Title:                  ( ) Change  ( ) Addition<br>Name:<br>Address:<br>City-St-Zip: |

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.

SIGNATURE:  ANTHONY J BUFO                          MD                    01/13/2003
          Electronic Signature of Signing Officer or Director                     Date