2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000015918

City-St-Zip:

Entity Name: PARRISH WINESETT, M.D., P.A.

ST. PETERSBURG, FL 33703

FILED May 01, 2003 Secretary of State

Current Principal Plac	ce of Business:	New Principal Place of Business:	New Principal Place of Business:	
34041 US HIGHWAY 1 SUITE C PALM HARBOR, FL 34	9 N	3890 TAMPA ROAD SUITE 301 PALM HARBOR, FL 34684 US		
Current Mailing Address:		New Mailing Address:		
1947 HAWAII AVENUE NE ST. PETERSBURG, FL 33703		3890 TAMPA ROAD SUITE 301 PALM HARBOR, FL 34684		
FEI Number: 59-3708919	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status D	esired()	
Name and Address of	Current Registered Agent:	Name and Address of New Registered Age	Name and Address of New Registered Agent:	
WINESETT, RICHARD 2248 FIRST STREET FORT MYERS, FL 339				
The above named entiting the State of Florida.	y submits this statement for the	purpose of changing its registered office or registered ag	ent, or both,	
SIGNATURE:				
Electro	onic Signature of Registered Ac	gent Date	Date	
Election Campaign Financ	ing Trust Fund Contribution(). CTORS:	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS:	
Title: D Name: WINESETT, I		Title: () Change () Addition Name:		

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: PARRISH WINESETT D 05/01/2003