

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 26, 2003 8:00 am**  
**Secretary of State**

08-26-2003 90025 018 \*\*\*150.00

**DOCUMENT # P01000027327**

1. Entity Name  
**GEOFFREY J. GIBSON, D.O., PA**



Principal Place of Business  
**1875 INDIAN ROCKS ROAD  
LARGO FL 33774**

Mailing Address  
**5401 CENTRAL AVENUE  
SAINT PETERSBURG FL 33710**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **55-2304410**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **52-2304410**

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MCATEE, CAROL  
5401 CENTRAL AVE  
ST PETERSBURG FL 33710**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

TITLE **D** ☐ Delete  
NAME **GIBSON, GEOFFREY J**  
STREET ADDRESS **1821 GULF BLVD #4408**  
CITY-ST-ZIP **1390 GULF BLVD, #402  
CLEARWATER FL 33767-2930**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Aug 7, 2003**

Date

**787-5442**

Daytime Phone #

CR2E034 (4/03)

ATTACHMENT

80141112

#PO1000027327

## RehabMed

Geoffrey J. Gibson, D.O.

Physical Medicine-Medical Rehabilitation

August 7, 2003

DIVISION OF CORPORATIONS  
DDEPT OF STATE  
STATE OF FLORIDA

Re: LATE FEE for Annual Uniform Business Report

I have just telephoned your office regarding the report of a non-filing for the annual Report. After conferring with my accountants I discovered that it had not been received by my office-- perhaps because of postal error.

I am enclosing the just received Report, signed with a check for \$150.00 Thank you.



Geoffrey J. Gibson, D.O.

FEI 52-2304410