

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

0110996
 AV

03-19-2002 90003 025 ***150.00

DOCUMENT # P01000027995

1. Entity Name
GERARD ROMAIN, MD, PA.

Principal Place of Business Mailing Address

14376 COLONIAL GRAND BLVD STE #2311 14376 COLONIAL GRAND BLVD STE #2311
 ORLANDO FL 32837 ORLANDO FL 32837



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

301 Third St. N.W. P.O. Box 665
 Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 357
 City & State

Winter Haven, FL Winter Haven, FL

Zip Country Zip Country

33831 USA 33832 USA

4. FEI Number Applied For

59-3685821 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROMAIN, GERARD
 14376 COLONIAL GRAND BLVD STE #2311
 ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name: **ROMAIN, GERARD**

Street Address (P.O. Box Number is Not Acceptable)
301 Third St. NW
Suite 357

City: **Winter Haven** FL Zip Code: **33882**

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.

SIGNATURE: **GERARD ROMAIN** DATE: **3/19/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROMAIN, GERARD	
STREET ADDRESS	14376 COLONIAL GRAND BLVD STE #2311	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change & Address	<input type="checkbox"/> Addition
NAME	ROMAIN, GERARD		
STREET ADDRESS	301 Third St. NW Suite 357		
CITY-ST-ZIP	Winter Haven, FL 33882	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **GERARD ROMAIN** DATE: **3/19/02** DAYTIME PHONE #: **863 291 4514**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)