

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90131 028 ***150.00

DOCUMENT # P01000038630

1. Entity Name
SIMON EDGINTON, M.D., P.A.



Principal Place of Business
**BON SECOURS ST. JOSEPH HOSPITAL
2500 HARBOR BOULEVARD
PORT CHARLOTTE FL 33952**

Mailing Address
**BON SECOURS ST. JOSEPH HOSPITAL
2500 HARBOR BOULEVARD
PORT CHARLOTTE FL 33952**

2. Principal Place of Business
2000 BAL HARBOR BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

923

City & State
PUNTA GORDA, FL

City & State

Zip
33950

Country
USA

Zip

Country

4. FEI Number **59-3719118**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAYWELL, JAMES W
201 W. MARION AVENUE
SUITE 207
PUNTA GORDA FL 33950**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **EDGINTON, SIMON**
STREET ADDRESS **2500 HARBOR BOULEVARD**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2000 BAL HARBOR BLVD, #923**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 EDGINTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 (94)639-6814
Date Daytime Phone #

CR2E034 (10/02)