

09-15-2002 90085 046 ***558.75

1. Entity Name
PAIGE KREEGEL, M.D., P.A.

Mailing Address
201 W. MARION AVENUE
SUITE 207
PUNTA GORDA FL 33950

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Applied For
Not Applicable

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

FL	Zip Code
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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, 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 13, 2002 Fee will be \$750.00
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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete

 Delete

☐ Delete

 Delete

☐ Delete☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

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 of the information empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-02

941-629-4888

Did

Devianta Photo

Attachment

43181

Law Office of James W. Kaywell, P.A.
Attorney At Law

James W. Kaywell

The Professional Center, Suite 207
201 West Marion Avenue
Punta Gorda, FL 33950-4497
Tel.: (941) 639-4343
Fax: (941) 639-7121

Of Counsel:
T. Graf Buckenmaier, Jr.

September 25, 2002

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Reference Number: P01000065237

Gentlemen:

Enclosed please find corrected Annual Report/Uniform Business Report for the above-referenced.

If you have any further questions, please feel free to contact us.

Very truly yours,

JAMES W. KAYWELL, P.A.

James W. Kaywell
James W. Kaywell

JWK/jam
Enclosure