

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90123 002 ***550.00

DOCUMENT # P01000078726

1. Entity Name
ROBERT L. R. WESLY, M.D., PH.D., P.A.

Principal Place of Business
1121 N.W. 64TH TERRACE
GAINESVILLE FL 32605

Mailing Address
1121 N.W. 64TH TERRACE
GAINESVILLE FL 32605

CORRECTED (See below)

2. Principal Place of Business

720 SW 2nd Ave.

Suite, Apt. #, etc.

Suite 501

City & State

Gainesville FL

Zip

32601

Country

Alachua

3. Mailing Address

720 SW 2nd Ave.

Suite, Apt. #, etc.

Suite 501

City & State

Gainesville FL

Zip

32601

Country

Alachua

4. FEI Number

59-3737807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DOWNEY, KEVIN I

2631 N.W. 41ST STREET

SUITE B-2

GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name

Robert L. R. Wesly, MD, PhD

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

6718 SW 100th Lane

City

GAINESVILLE

FL

Zip Code

32608

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)

9/06/02

DATE

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
President/Owner ☐ Delete
Robert L. R. Wesly, MD, PhD
6718 SW 100th Lane
Gainesville FL 32608

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

TITLE
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☐ Delete

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☐ 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 other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/06/02 352-677-6010

Date

Daytime Phone #

CR2E034 (4/02)