## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P01000102071

DOCUMENT # 1. Entity Name

SIGNATURE:X

ANIT D. FORD, M.D., P.A.



**FILED** Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90235 017 \*\*\*150.00

| 3920 BEE Kidge Rd. 3930 BEE Kidge Rd.  Suite, Apt. #, etc.  AL FEI Number 65-1151335 Application of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  | nd accept                       |
|--|---------------------------------|
| Suite, Apt. #, etc.  Alage Rd.  Sity State  Country  Alage Rd.  Sea Ray Sotta, Fl.  Sity State  Country  Alage Rd.  Sea Ray Sotta, Fl.  Sity State  Country  Alage Rd.  Suite, Apt. #, etc.  Alage Rd.  Suite, Apt. #, etc.  Alage Rd.  Sea Ray Sotta, Fl.  Sity State  Country  Alage Rd.  Suite Apt. # etc.  Sea Ray Sotta, Fl.  Signature In the State of Status Desired  For Roy, Anit D  Sea Microal Lumi Terrace  Sea Ray Sotta, Fl.  Signature In the State of Florida.  Signature In Special Country  Signature, typed or printed agent and tide if application.  Apr. Mort 1 2003 Fee will be \$550.00  Sea Ray Sotta Roy In the State of Florida.  (NOTE: Registered Agent signature required when reinstating)  9. Election Campaign Financing  \$5.00  | Applicable tional accept May Be |
| Gilda E Suite D  City State  City State  City State  City State  City State  Country  34233  Country  34233  Country  6. Name and Address of Current Registered Agent  FORD, ANIT D  5208 MCCALLUM TERRACE  SARASOTA, H. 34233  City  Street Address (P.O. Box Number is Not Acceptable)  SARASOTA, H. 34233  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, ar the obligations of registered agent.  SIGNATURE X ANTI D. FORD M. D. P.A.  Signature, typed or printed name of registered digent and title it applicable.  (NOTE: Registered Agent signature required when reinstating)  9. Election Campaign Financing Trust Fund Contribution  Added to Address of Status Desired  \$5.00  Added to April Number is Not Acceptable)   | Applicable tional accept May Be |
| SARASOTA FL. SARASOTA FL. SARASOTA FL. Signature. Typed or printed name of registered agent.  SIGNATURE X ANTI-D. FORD M.D. P.A. Signature. Typed or printed name of registered agent and title if applicable.  SARASOTA FL. Store Registered Agent signature required when reinstating)  Signature. Typed or printed name of registered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Added to south to country and south to status Desired Sarasotha. FL. Signature required when reinstating)  Signature required when reinstating.  Signature agent Sarasotha. Sar | Applicable tional accept May Be |
| FORD, ANIT D  5288 MCCALLUM TERRACE SARASOTA FL. 34231  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, are the obligations of registered agent.  SIGNATURE X ANIT D. FORD M. D. PA.  Signature, typed or printed name of registered agent and title if applicable.  File NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  | nd accept                       |
| FORD, ANIT D  5268 MCCALLUM TERRACE SARASOTA FL 34231  Street Address (P.O. Box Number is Not Acceptable)  SARASOTA FL 34231  Street Address (P.O. Box Number is Not Acceptable)  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, are the obligations of registered agent.  SIGNATURE X ANT D. TORD M.D. PA.  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  PATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00   | May Be                          |
| FORD, ANIT D  5268-MCCALLUM-TERRACE SAPASOTA FL 34231  BIAG. E, SuiteD  SARASOTA FL 34231  Street Address (P.O. Box Number is Not Acceptable)  SARASOTA, 7L. 34233  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 the obligations of registered agent.  SIGNATURE X ANTI-D. FORD M.D. PA.  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   | May Be                          |
| 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 the obligations of registered agent.  SIGNATURE X ANT D. FORD M. D. PA.  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  PILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution Added to Add | May Be                          |
| the obligations of registered agent.  SIGNATURE X ANTI-D. FORD M.D. PA.  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution Added to A | May Be                          |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00   |                                 |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00   |                                 |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  9. Election Campaign Financing \$5.00  Trust Fund Contribution Added to |                                 |
| After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00   |                                 |
| I IDSC TUDE COURDING LEE AGORGE  | o Fees                          |
|  |                                 |
| 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   | IN 11                           |
| TITLE D Delete TITLE Change  | ☐ Addition                      |
| NAME FORD, ANIT D - BID SEL SUITED NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS   |                                 |
| STREET ADDRESS SARASOTA SI 34231 SORRESTA DI 3423 2 CITY-ST-ZIP  |                                 |
| 211(1/3011), 72. 37233   |                                 |
| TITLE Delete TYLE Change  NAME  •  | Addition                        |
| STREET ADDRESS STREET ADDRESS  |                                 |
| CITY-ST-ZIP CITY-ST-ZIP  |                                 |
| TVTLE Delete NTLE Change   | Addition                        |
| NAME NAME  | <b>—</b>                        |
| STREET ADDRESS STREET ADDRESS  |                                 |
| CITY-ST-ZIP CITY-ST-ZIP  |                                 |
| TITLE Delete TITLE Change  | Addition                        |
| VAME NAME  |                                 |
| STREET ADDRESS STREET ADDRESS  |                                 |
| CITY-ST-ZIP CITY-\$1-ZIP   |                                 |
| <del></del>  | Addition                        |
| NAME . NAME  |                                 |
| STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP   |                                 |
|  |                                 |
| · • • • • • • • • • • • • • • • • • • •  | ☐ Addition                      |
| NAME STREET ADDRESS STREET ADDRESS   |                                 |
| STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP   |                                 |
|  |                                 |
| 12. 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 on this report or supplemental report is tue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or of the corporation or the receiver or trustee empowered to execute this kepopr as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or B changed, or on an attachment with an address with all other ting empowered.   | ormation<br>director            |