

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-27-2003 90235 017 ***150.00

DOCUMENT # P01000102071

1. Entity Name
ANIT D. FORD, M.D., P.A.



Principal Place of Business
**5268 MCCALLUM
SARASOTA FL 34231**

Mailing Address
**5268 MCCALLUM TERRACE
SARASOTA FL 34231**



2. Principal Place of Business
3920 BEE Ridge Rd.

Suite, Apt. #, etc.
Bldg. E, Suite D

City & State
SARASOTA, FL.

Zip
34233

Country
USA

3. Mailing Address
3920 BEE Ridge Rd.

Suite, Apt. #, etc.
Bldg. E, Suite D

City & State
SARASOTA, FL.

Zip
34233

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1151535

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FORD, ANIT D
5268 MCCALLUM TERRACE
SARASOTA FL 34231**

**3920 BEE Ridge Rd.
Bldg. E, Suite D
SARASOTA, FL 34233**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/03

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

TITLE **D** ☐ Delete
NAME **FORD, ANIT D - Bldg E, Suite D**
STREET ADDRESS **5268 MCCALLUM TERRACE - 3920 BEE Ridge Rd.**
CITY-ST-ZIP **SARASOTA FL 34231 SARASOTA, FL 34233**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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 officers empowered.

SIGNATURE: **X**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/03

Date

941-926-8855

Daytime Phone #

CR2E034 (10/02)