


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 NOV -6 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000108D58	
1. Entity Name FRANCIS LAMOTHE, MD, PA.	

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6404 GRAND CYPRESS CIRCLE Suite, Apt. #, etc.		3. Mailing Address 6404 GRAND CYPRESS CIRCLE Suite, Apt. #, etc.		4. FEI Number 65-1158117		Applied For Not Applicable	
City & State LAKE WORTH FL		City & State LAKE WORTH FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33463	Country USA	Zip 33463	Country USA				

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name FRANCIS LAMOTHE	
Street Address (P.O. Box Number is Not Acceptable) 6404 GRAND CYPRESS CIRCLE	
City LAKE WORTH	Zip Code 33463

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FRANCIS LAMOTHE 6404 GRAND CYPRESS CIRCLE LAKE WORTH, FL 33463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600024487896 11/06/03--01048--007 **\$150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Francis Lamothe* *10-30-03* *(561) 7387900*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Suffix and Phone #

CR2E034B (12/02)

Francis Lamothe, MD, P.A.
6404 Grand Cypress Circle
Lake Worth, FL 33463
(561) 577-7977

October 28, 2003

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

Subject: Uniform Business Report
Taxpayer ID: 65-1158117

Dear Division of Corporations:

Recently I was informed that my Corporation, Francis Lamothe, MD, P.A., is listed as inactive. My accountant informed me that a Uniform Business Report for the State of Florida should have been sent to me earlier in the year.

Unfortunately, I did not receive the form. I have included a check for \$150.00 and a completed blank UBR form, provided by my accountant. I respectfully ask that you waive the penalty fee this year. Thank you for your consideration.

Respectfully,



Dr. Francis Lamothe
President

Attachment: - Completed UBR Form
Check - \$150.00