2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000110206

1. Entity Name

G. MARSI-HAZEN, MD, PA

006722   AV

Principal Place of Business	Mailing Address
350 MAITLAND AVE.. STE. C	350 MAITLAND AVE.. STE. C
ALTAMONTE SPRINGS FL 32701-5433	ALTAMONTE SPRINGS FL 32701-5433

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
499 E Central Parkway	499 E Central Parkway		
Suite, Apt. #, etc. Suite 130	Suite, Apt. #, etc. 130	4. FEI Number 59-2958295	Applied For / Not Applicable
City & State Altamonte Springs, FL	City & State Altamonte Springs, FL		
Zip 3270	Country U.S.A	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 32701	Country USA		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAZEN, GETACHEW MARSI 350 MAITLAND AVE., STE. C ALTAMONTE SPRINGS FL 32701-5433	Name GETATCHEW MARSIE-HAZEN, M.D. Street Address (P.O. Box Number is Not Acceptable) 499 E CENTRAL PARKWAY Suite 130 City ALTAMONTE SPRINGS FL Zip Code 32701

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   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 $150.00** After May 1, 2002 Fee will be $550.00 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	D HAZEN, G. MARSIE- 350 MAITLAND AVE., STE. C ALTAMONTE SPRINGS FL 32701-5433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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: _____   G. MARSIE-HAZEN, M.D. 1/17/02 (407) 332-0003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #