

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90131 040 ***158.75

DOCUMENT # P01000115311

1. Entity Name
CENTER FOR PHYSICIANS CARE, INC.

Principal Place of Business Mailing Address
1040 SEMINOLE CREEK DRIVE **PO BOX 678705**
OVIEDO FL 32765 **ORLANDO FL 32867-8705**

B0129710



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3760915 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THORNTON, DAMON D
1040 SEMINOLE CREEK DRIVE
OVIEDO FL 32765

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | P THORNTON, DAMON D 1040 SEMINOLE CREEK DRIVE OVIEDO FL 32765 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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CR2E034 (4/02)

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: *Damon D Thornton* 7/5/02 407 963-7712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
701000115311
BD1297P

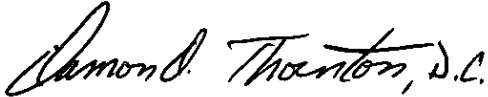
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

July 5, 2002

To Whom It May Concern:

As instructed in my conversation with your office, I am submitting this letter for waiver of the assessed late penalty for failing to file on time. I never received prior notification of my filing or fee requirements. This notice, received July 3, 2002, is the first notice that has been received regarding this matter. As instructed by your office, I am paying the original fee of \$150.00 on the condition that this letter accompanies the said payment.

Sincerely,



Dr. Damon D. Thornton, D.C.
407-963-7712