

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90142 031 \*\*\*150.00

DOCUMENT # **P02000007086**



1. Entity Name  
**LUDOVIC M. LASQUETY, M.D., P.A.**

Principal Place of Business  
**5017 BARRANCA LORA  
PENSACOLA FL 32514  
US**

Mailing Address  
**5017 BARRANCA LORA  
PENSACOLA FL 32514  
US**

00012000



2. Principal Place of Business  
**5147 N 9th Ave  
Suite 203**

3. Mailing Address  
**5147 N 9th Ave  
Suite 203**

CHECK HERE IF MAKING CHANGES

City & State  
**Pensacola, FL**

City & State  
**Pensacola, FL**

4. FEI Number  
**04-3595676**

Applied For  
 Not Applicable

Zip Country  
**32504 USA**

Zip Country  
**32504 USA**

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

**LASQUETY, LUDOVIC M M.D.  
5017 BARRANCA LORA  
PENSACOLA FL 32514**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**5147 N 9th Ave  
Suite 203**  
City **Pensacola** FL Zip Code **32504**

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 *Ludovic M Lasquety* **Ludovic M LASQUETY MD**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**1/9/2003**  
DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>On President Ludovic Lasquety 5147 N 9th Ave Ste 203 Pensacola, FL 32504</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: *Ludovic M Lasquety MD* **Ludovic M Lasquety MD** **1/9/2003** **850-476-6110**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)