

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

2. Principal Place of Business
5147 N 9th Ave

3. Mailing Address
5147 N 9th Ave

Suite, Apt. #, etc.
Suite 203

Suite, Apt. #, etc.
Suite 203

City & State
Pensacola, FL

City & State
Pensacola, FL

Zip
32504

Country
USA

Zip
32504

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
04-3595676

Applied For
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

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
On President ☐ Delete
NAME
Ludovic Lasquety
STREET ADDRESS
5147 N 9th Ave Ste 203
CITY-ST-ZIP
Pensacola, FL 32504

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE: Ludovic M Lasquety MD 1/9/2003 850-474-6110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)