

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

<b>DOCUMENT # P02000020886</b> 1. Entry Name <b>PAUL J. ZAK, M.D., P.A.</b>			90099735
Principal Place of Business <del>879 HARBOR ISLAND</del> <del>CLEARWATER, FL 33767</del>		Mailing Address <del>879 HARBOR ISLAND</del> <del>CLEARWATER, FL 33767</del>	
2. Principal Place of Business <b>13211 Walsingham Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>13211 Walsingham Rd</b> Suite, Apt. #, etc.	
City & State <b>Largo, Florida</b>		City & State <b>Largo, Florida</b>	
4. FEI Number <b>03-0398798</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GARDNER, MERRITT A</b> <b>401 EAST JACKSON STREET</b> <b>SUITE 2650</b> <b>TAMPA, FL 33602</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City State: <b>FL</b> Zip Code	
8. The above named entry 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: <b>4-15-2003</b> <small>(NOTE: Registered Agent's signature required when withdrawing)</small>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
10. OFFICERS AND DIRECTORS (continued)		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(1), 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:		Date: <b>4-15-2003</b> Phone: <b>727-596-8900</b>	

CFR6034 (10/02)