2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FT MYERS FL 33908

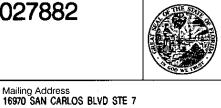
DOCUMENT # P02000027882

1. Entity Name

FT MYERS FL 33908

Principal Place of Business 16970 SAN CARLOS BLVD STE 7

JOHN D. STRAUSBAUGH, D.O., P.A.



FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90173 041 ***150.00

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2. Principal Place of Business		3. Mailing Address		1 18631881 101	-			
same		Same						
Suite, Apt. # jetc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	, .	4. FEI Number	624441		olied For Applicable	
Zip	Country	Zip Country		5. Certificate of S	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Curren	Registered Agent		7. Name and Ad	dress of New Registered	Agent		
	AUGH, JOHN D DO N CARLOS BLVD STE 7 S FL 33908			Name Strausband John D. Do Street Address (P.O. Box Number is Not Acceptable) 16970 San Carlos Blud STE 7 City Ft Myers FL Zip Code 33508				
			City		F	Zip Code		
	named entity submits this statement in a statement	\times	registered office or reg	stered afgent, or both, ii	n the State of Florida. I an	336	508	
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of				on Campaign Financing Fund Contribution.		May Be to Fees	
10.	OFFICERS ANI		11.	ADDITIONS/CH	ANGES TO OFFICERS AN	ID DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John D. Straw 16970 San Car Ft. Myers, FL	s boul 100 (0) Bird STE?	THTLE NAME STREET ADDRESS CITY-ST-ZIP		# 4 * £	☐ 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	
12. I hereby of indicated	certify that the information supplied wi on this report or supplemental report	th this filing does not qualify for is true and accurate and that i	r the exemption stated i	n Section 119.07(3)(i), F the same legal effect as	Florida Statutes. I further c if made under oath; that	ertify that the in I am an officer o	formation or director	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

116503 (239)454-6868