

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90122 008 \*\*\*150.00

**DOCUMENT # P02000076180**



1. Entity Name  
**FAMILY MEDICINE ASSOCIATES OF THE EMERALD COAST,  
P.A.**

Principal Place of Business  
**4421 COMMONS DR. EAST, UNIT 318  
DESTIN FL 32541-3487**

Mailing Address  
**4421 COMMONS DR. EAST, UNIT 318  
DESTIN FL 32541-3487**



2. Principal Place of Business

**Family Medicine Associates**  
**Ste, 7102**  
**36468 Emerald Coast Pkwy**  
City & State  
**Destin, FL**  
Zip  
**32541**

3. Mailing Address

**Family Medicine Associates**  
Suite, Apt. #, etc.  
**4421 Commons Dr. East Unit 318**  
City & State  
**Destin, FL**  
Zip  
**32541**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**32-0022440**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**OWEN, DAVID A**  
**1221 AIRPORT RD., STE. 208**  
**DESTIN FL 32541**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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  
**D**  
**LEURINDA, ANA E**  
**4421 COMMONS DR. EAST, UNIT 318**  
**DESTIN FL 32541-3487**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(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: X SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/20/03 (850) 269-2186**

CR2E034 (10/02)