

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

0018529
AV

DOCUMENT # P02000081610

1. Entity Name
LOGGERHEAD MEDICAL CORP.



Principal Place of Business
**4663 N. HARBOR CITY BLVD.
MELBOURNE FL 32935**

Mailing Address
**4663 N. HARBOR CITY BLVD.
MELBOURNE FL 32935
4663 N. US HWY 1
MELBOURNE, FL 32935**

2. Principal Place of Business
4663 N. US HWY 1

3. Mailing Address
4663 N. US HWY 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MELBOURNE, FL

City & State
MELBOURNE, FL

4. FEI Number
16-1619180

Applied For
Not Applicable

Zip Country
32935 USA

Zip Country
32935 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LAYTON, NANCY
4663 N. HARBOR CITY BLVD.
MELBOURNE FL 32935**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME NANCY LAYTON	
STREET ADDRESS 4663 N. US 1	
CITY-ST-ZIP MELBOURNE, FL 32935	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	

TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ANNE LAYTON	
STREET ADDRESS 4663 N. US HWY 1	
CITY-ST-ZIP MELBOURNE, FL 32935	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> 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: **ANNE LAYTON** REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/8/03** Daytime Phone # **321/259-6404**

CR2E034 (4/03)

Attachment

80148248

#P02000081610

Loggerhead Medical Corporation

4663 N. US Hwy 1

Melbourne, FL 32935

Phone: 321/259-6404

Email: nlayton@spacey.net

September 8, 2003

Dear Madam:

Loggerhead Medical Corporation did not receive a copy of the Uniform Business Report prior to the May 1, 2003 filing deadline. I presume it is because of an incorrect mailing address or that this is the first time the Corporation has been required to file. Therefore, I am requesting that you waive the \$400 late fee.

Enclosed is the UBR with address corrections and the filing fee of \$150.

Your attention to this matter is greatly appreciated.

Sincerely,


Nancy L. R. Layton, MD
President