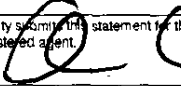
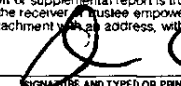


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91166 039 ***150.00

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

DOCUMENT # P02000095660			
1. Entity Name ALEXANDER M. EATON, M.D., P.A.			
Principal Place of Business 1301 POINCIANA AVE FT MYERS, FL 33901		Mailing Address 1301 POINCIANA AVE FT MYERS, FL 33901	
2. Principal Place of Business 2675 Winkler Ave Suite, Apt. #, etc. 205 City & State Fort Myers FL Zip 33901 Country US		3. Mailing Address 2675 Winkler Ave Suite, Apt. #, etc. 205 City & State Fort Myers FL Zip 33901 Country US	
4. FEI Number 16-1625376		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EATON, ALEXANDER M MD 1301 POINCIANA AVE FT MYERS, FL 33901		7. Name and Address of New Registered Agent Name Eaton, Alexander M., M.D. Street Address (P.O. Box Number is Not Acceptable) 2675 Winkler Ave #205 City Fort Myers FL Zip Code 33901	
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  DATE _____ (NOTE: Registered Agent Signature Required when registering.)			
FILE NOW!!! FEE IS \$160.00 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 ☐ Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition	
EATON, ALEXANDER M MD 1301 POINCIANA AVE FT MYERS, FL 33901		DPST 2675 WINKLER AVE. #205 FORT MYERS, FL 33901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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: 		4/29/03 239-337-3777	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Alexander M. Eaton, President			

CR2E034 (10/02)