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	Mailing Address
1301 POINCIANA AVE FT MYERS, FL 33901	1301 POINCIANA AVE FT MYERS, FL 33901

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2675 Winkler Ave		2675 Winkler Ave	
Suite, Apt. #, etc. 205		Suite, Apt. #, etc. 205	
City & State: Fort Myers FL		City & State: Fort Myers FL	
Zip: 33901	Country: US	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 ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
Alexander M. Eaton, M.D.

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EATON, ALEXANDER M MD 1301 POINCIANA AVE FT MYERS, FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST 2675 WINKLER AVE. #205 FORT MYERS, FL 33901	☒ Change ☐ Addition
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CR2E034 (10/02)

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 — Date — Daytime Phone #
Alexander M. Eaton, President