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

DOCUMENT # P02000098898

FILED Apr 24, 2003 8:00 am Secretary of State 04-24-2003 90278 012 ***150.00

BRIAN	L. SCHWAM, M.D.,	P.A.							
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	* 					110139	136		
	Place of Business	3. Mailing Address				110100			
1550 R Suite, Apt	IVERSIDE AVENUE	SAME Suite, Apt. #, etc.							
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City & Sta JACKSO	te NVILLE, FL	City & State				FEI Number 3-1021448		Applied Fo	_
Zip	Country	Zip	Countr	у	5.	Certificate of Status Desired	1 1	75 Additional	
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	e named entity submits this statement of the obligations of registered agent.	t for the purpose of changing	ng its re	gistered off	ice or regist	tered agent, or both, in the State	of Florida. I	am familiar with,	
and accep	the obligations of registered agent.	٠,. ٠							
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	Signature, typed or printed name of registe	ered agent and title if applicable	e. (I	NOTE: Regis	tered Agent s	signäture required when reinstating)		DATE ** ··	
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00	.	(_6	*		9. Election Campaign Finan	cina	\$5.00 May	Re
	Amended UBR is \$61.25			·	•	Trust Fund Contribution.		Added to Fee	
	Payable to Florida Department of S	 	7.			<u> </u>		1.5	12
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NAME	BRIAN L. SCHWAM	. M.D.	NAME						15
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CITY - ST - ZIP	no services.		СТҮ	ST - ZIP	*				
information an officer of appears in	ertify that the information supplied with n indicated on this report or suppleme or director of the corporation or the rec Block 10 or on an attachment with ar	ental report is true and acci ceiver or trustee empowere	urate an	d that my s cute this re	ignature sh	all have the same legal effect as juired by Chapter 607, Florida Si	if made unde tatutes; and t	er oath; that 1 am	1
SIGNATI	IDE: YSa - Z	- 1. VI.A.				· 11 441 () 3	1114-55	h1 144	<i>1</i> 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date