

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 24, 2003 8:00 am  
Secretary of State

04-24-2003 90278 012 \*\*\*150.00

DOCUMENT # P02000098898
1. Entity Name BRIAN L. SCHWAM, M.D., P.A.

DO NOT WRITE IN THIS SPACE

11013936

2. Principal Place of Business 1550 RIVERSIDE AVENUE Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State JACKSONVILLE, FL	City & State	4. FEI Number 33-1021448	Applied For Not Applicable
Zip 32204	Country UNITED STATES	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
STONEBURNER BERRY & SIMMONS, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
841 PRUDENTIAL DRIVE, STE 140  
City  
JACKSONVILLE FL Zip Code  
32207

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	DIRECTOR BRIAN L. SCHWAM, M.D. 1550 RIVERSIDE AVENUE JACKSONVILLE, FL 32204	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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/03 904-356-2744