

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90974 012 ***158.75

AMMOR AT

DOCUMENT # P02000128786

1. Entity Name

ASHWORTH MEDICAL, P.A.



Principal Place of Business

328 BOYLSTON AVENUE
DAYTONA BEACH FL 32118

Mailing Address

328 BOYLSTON AVENUE
DAYTONA BEACH FL 32118

11021689



2. Principal Place of Business

3. Mailing Address

495 South Nova Road

495 South Nova Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 107

Suite 107

City & State

City & State

Ormond Beach, FL

Ormond Beach, FL

Zip

Country

Zip

Country

32174

USA

32174

USA

4. FEI Number

52-2388222

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASHWORTH, LANCE
328 BOYLSTON AVENUE
DAYTONA BEACH FL 32118

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete
NAME D
STREET ADDRESS ASHWORTH, LANCE
CITY-ST-ZIP 328 BOYLSTON AVENUE
DAYTONA BEACH FL 32118

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature of Lance D. Ashworth, Medical Director 4/25/03

Date

Daytime Phone #

(386) 672-0220

CR2E034 (10/02)