

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90911 028 ***150.00

DOCUMENT # P02000134395

1. Entity Name

MARCIA M. FAULKNER, M.D., P.A.



Principal Place of Business
9519 OLD HYDE PARK PLACE
BRADENTON FL 34202

Mailing Address
9519 OLD HYDE PARK PLACE
BRADENTON FL 34202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

14-1863401

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

CHERP, MICHELLE
3859 BEE RIDGE ROAD
SARASOTA FL 34233

Name MARCIA M. FAULKNER, M.D.

Street Address (P.O. Box Number is Not Acceptable)
9519 OLD HYDE PARK PLACE

City BRADENTON

FL

Zip Code 34202

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: Marcia M. Faulkner, M.D.

MARCIA M. FAULKNER, M.D.

4/8/03

(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 FAULKNER, MARCIA M
CITY-ST-ZIP 9519 OLD HYDE PARK PLACE
BRADENTON FL 34202

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: MARCIA M. FAULKNER, M.D. 4/8/03 (941) 351-0777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)