

Apr 29 04 07:47a

Holmes & Company

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FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90404 019 ***150.00

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

94078399

DOCUMENT # P92000013121

1. Entity Name
 PETER A. COURCY M.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1011-A WEST MORENO ST Suite, Apt. #, etc.	3. Mailing Address 1011-A WEST MORENO ST Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State PENSACOLA, FL	City & State PENSACOLA, FL	4. FEI Number 59-3155203	Applied For Not Applicable
Zip 32501	Country USA	Zip 32501	Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name PETER A. COURCY, M.D.
 Street Address (P.O. Box Number is Not Acceptable)
 1011-A WEST MORENO ST.

City PENSACOLA FL Zip Code 32501

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 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 PETER A COURCY
 STREET ADDRESS 1011-A WEST MORENO STREET
 CITY - ST - ZIP PENSACOLA, FL 32501

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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 507, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-04 8504341863