2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P93000014764 **DOCUMENT #**

1. Entity Name

DESTIN FAMILY PRACTICE, CHARTERED



FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90378 050 ***150.00

DeSTIN FL 3241 2. Principal Place of Business		,			7		
Suite, Apt. #. etc. Suite, Apt. #. etc. GiteCk HeRE F MAKING CHANGES City & State City & State City & State City & State Applicable A	220 MAIN ST.		P.O. BOX 5503)	
City & State Ci	2. Principal Place of Business		3. Mailing Address				
Pick Country Zip Country Zip Country S. Certificate of Status Desired Sa, 75 Addrosol Fee Requision Fee Re	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
Secretary Secr	City & State		City & State		4. FEI Number 59-3165831		
Name Street Address (P.O. Box Number's Not Acceptable)	Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
Street Address (PO Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Curre	nt Registered Agent	'	7. Name and Address of New Registered	Agent	
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DESTIN FL 32541 8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, I am l'amiliar with, and accept the obligations of registered agent are displaced agent age				Street Address	Street Address (P.O. Box Number is Not Acceptable)		
R. The above named onity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registering agent. FILE NOW!!! FEE IS \$50.000 After May 1, 2005 Fee will be \$550.000 After May 2, 2005 Fee will be \$550.000 After May 2, 2005 Fee will be \$550							
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		ertify that the information outpilled	ith this filing does not qualify to		Section 119 07(3)(i) Florida Statutas I further as	artify 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:

Daytime Phone #