

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

08-06-2002 90132 043 \*\*\*150.00

**DOCUMENT # P93000049153**

**1. Entity Name**  
**SPRUCE CREEK FAMILY CARE, P.A.**

**Principal Place of Business**  
**3875 S NOVA RD**  
**PORT ORANGE FL 32127**  
**US**

**Mailing Address**  
**3875 S NOVA RD**  
**PORT ORANGE FL 32127**  
**US**



**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 59-3184052**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DIETCH, MICHAEL M III**  
**3959 SOUTH NOVA ROAD**  
**PORT ORANGE FL 32127**

Name

**DIETCH, MICHAEL M. III**

Street Address (P.O. Box Number is Not Acceptable)

**3875 S. NOVA RD**

City

**PORT ORANGE**

**FL**

Zip Code

**32127**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☐ Delete  
**NAME** **DIETCH, MICHAEL M III**  
**STREET ADDRESS** **3875 SOUTH NOVA ROAD**  
**CITY-ST-ZIP** **PORT ORANGE FL**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

CR2E034 (4/02)

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*8/6/02*

Attachment



676507  
P93000049153

**Spruce Creek Family Care**

*The family practice that's practically family.™*

Michael M. Dietch, III, M.D.

Board Certified Family Practice

July 31, 2002

Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Sirs:

We have enclosed a check for \$150.00 (the regular report fee) as suggested when we called the Division office. To the best of our knowledge, Spruce Creek Family Care P.A. never received the initial mailing of the 2002 Uniform Business Report which is due by May 1. You will note that we have always filed in a timely manner in the past. It is possible that the form went to the address listed for the Registered Agent which is wrong. The correct address is shown on the enclosed UBR.

We trust that this will satisfy the 2002 reporting requirement. Thank you for your attention.

Sincerely,

Michael M. Dietch III M.D.