

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90061 045 \*\*\*158.75

**DOCUMENT # P93000070830**

1. Entity Name

**GOOD SHEPHERD MEDICAL CLINIC, P.A.**

Principal Place of Business

**10059 CORTEZ BLVD  
 BROOKSVILLE FL 34613  
 US**

Mailing Address

**10059 CORTEZ BLVD  
 BROOKSVILLE FL 34613  
 US**

2. Principal Place of Business

**11463 CORTEZ BLVD**

3. Mailing Address

**11463 CORTEZ BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BROOKSVILLE FL**

City & State

**BROOKSVILLE FL**

4. FEI Number

**59-3204729**

Applied For

Not Applicable

Zip

Country

**34613-7367 US**

Zip

Country

**34613-7367 US**

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

**MENKHAUS, DAVID J., ESQ.  
 4800 N. FEDERAL HIGHWAY  
 STE 210-A  
 BOCA RATON FL 33431**

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.

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 \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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 **P** ☐ Delete  
 NAME **LEE, ROGER MD**  
 STREET ADDRESS **11371 CORTEZ BLVD**  
 CITY-ST-ZIP **BROOKSVILLE FL 34613**

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

TITLE **T** ☐ Delete  
 NAME **ROEBUCK MD, BRIAN**  
 STREET ADDRESS **11337 CORTEZ BLVD**  
 CITY-ST-ZIP **BROOKSVILLE FL**

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

TITLE **VP** ☐ Delete  
 NAME **ANIL BHATIA MD**  
 STREET ADDRESS **11345 CORTEZ BLVD**  
 CITY-ST-ZIP **BROOKSVILLE FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

**BRIAN ROEBUCK, MD 4/22/2002**

Date

Daytime Phone #

**352-597-8552**

CR2E034 (9/01)