

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000070830

FILED
May 15, 2003
Secretary of State

Entity Name: GOOD SHEPHERD MEDICAL CLINIC, P.A.

Current Principal Place of Business:

11463 CORTEZ BLVD
BROOKSVILLE, FL 34613 US

New Principal Place of Business:

Current Mailing Address:

11463 CORTEZ BLVD
BROOKSVILLE, FL 34613 US

New Mailing Address:

FEI Number: 59-3204729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CASE, JAMES W MR
11463 CORTEZ BLVD
BROOKSVILLE, FL 34613 US

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: JAMES W. CASE

05/15/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEE, ROGER MD
Address: 11371 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34613

Title: T () Delete
Name: ROEBUCK MD, BRIAN
Address: 11337 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL

Title: VP () Delete
Name: ANIL BHATIA MD,
Address: 11345 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER LEE

DR

05/15/2003

Electronic Signature of Signing Officer or Director

Date