

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

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91330 028 \*\*\*150.00

DOCUMENT # P930000 71007

1. Entity Name

CRAIG W. ENGLUND, MD, PA DBA  
CITRUS Hematology & Oncology Center

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

770 SE 5th Terrace

Suite, Apt. #, etc.

3. Mailing Address

770 SE 5th Terrace

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CRYSTAL RIVER, FL

City & State

CRYSTAL RIVER, FL

4. FEI Number

59-3208438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name CRAIG W. ENGLUND

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

770 SE 5th Terrace

City CRYSTAL RIVER

FL

Zip Code

34429

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PVD  
NAME ENGLUND, CRAIG W.  
STREET ADDRESS 770 SE 5th Terrace  
CITY-ST-ZIP CRYSTAL RIVER, FL 34450

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/30/02

CR2E034B (12/01)