2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

9030 W FT ISLAND TRAIL

P93000079047

Mailing Address 9030 W FT ISLAND TRAIL

SUITE 7

1. Entity Name

SUITE 7

ROBERT S. WANE, D.P.M. P.A.





03 JUL 16 PM 7:56

SECRETARY OF STATE FALLAHASSEE: FLORIDA

CRYSTAL RIVER FL 34429			CRYSTAL RIVER FL 34429						
2. Principal Place of Business				3. Mailing Address				E 100-1100 LITO 30300 TETIP BATEL OBJIL BATIL BOILE 100-10 TOTAL BATIL AFOIL 1401 (401	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES	
City & State				City & State				FEI Number 59-3208413 Applied For Not Applicable	
Zip Country			Zip	Zip		Country		Certificate of Status Desired S8.75 Additional Fee Required	
· –	6. Name	and Address of Current	Registere	d Agent		7. Name and Address of New Registered Agent			
WANE, ROBERT (D.P.M) 8461 CRANE'S ROOST DRIVE						Name Street Address (P.O. Box Number is Not Acceptable)			
NEW PORT RICHEY FL 34654						City		FL Zip Code	
the above the obligat SIGNATURE	ions of regist	y submits this statement for ered agent. or printed name of registered agent a				ed office or reg		gent, or both, in the State of Florida. I am familiar with, and accept	
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of S								9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees	
10.		OFFICERS AND	DIRECTOR	RS	11.		Αl	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WANE, ROBERT S D.P.M. 9030 WEST FORT ISLAND TR., SU CRYSTAL RIVER FL							Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	•	☐ Delete		1		☐ Change ☐ Addition	
TITLE		22.20.		Delete	NAMI STRE		-	Change ⊡ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	•			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS				☐ Delete	TITLE		-	☐ Change ☐ Addition	

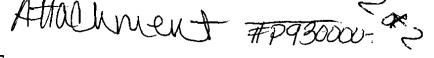
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 poort 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 an other like error wered.

CITY-ST-ZIP

SIGNATURE:

CITY-\$T-ZIP

Daytime Phone #





CRYSTAL RIVER FOOT CARE

ROBERT S. WANE, D.P.M., P.A. ROBERT J. WARD, D.P.M. 9030 W. Ft. Island Trl., Ste. 7 Crystal River, FL 34429

Telephone: (352) 795-2142

7/10/03

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

To whom it may concern:

I am in receipt of this second report even though I previously filed on 5/7/03. I filed this report originally on 5/7/03 along with my check (Regions Bank, Acct # 5651430696, ck# 3363). I have not received the canceled check in my statements and my bank has no record of the check being returned. I was unable to obtain help by phone because none of the pre-recorded messages addressed my problem specifically. Being unable to speak to someone for guidance, I decided to re-fill out this report an issue a new check. I have sent this with delivery confirmation, to insure receipt this time. I am hoping you will reconsider this additional \$400.00 penalty fee that has been imposed on me.

Thank you for your time and consideration.

Sincerely,

Robert Wane, D.P.M.