

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000000764**

1. Entity Name  
**EDWARD L. FRAME, M.D., P.A.**



FILED

04 MAR 30 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**201 HILDA ST  
STE 20  
KISSIMMEE FL 34741  
US**

Mailing Address  
**201 HILDA ST  
STE 20  
KISSIMMEE FL 34741  
US**

2. Principal Place of Business  
**806 ROSE Avenue**

3. Mailing Address  
**P.O. BOX 421605**

Suite, Apt. #, etc.

City & State  
**Kissimmee, FL**

City & State  
**Kissimmee, FL**

4. FEI Number **59-3198272** Applied For  
Not Applicable

Zip **34741** Country **USA.**

Zip **34742** Country **USA.**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**FRAME, EDWARD L  
201 HILDA ST  
STE 20  
KISSIMMEE FL 34741**

## 7. Name and Address of New Registered Agent

Name **FRAME Edward L.**  
Street Address (P.O. Box Number is Not Acceptable)  
**806 ROSE Avenue**  
City **Kissimmee** FL Zip Code **34741**

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 **Edward L. Frame** DATE **3-24-04.**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FRAME, EDWARD L</b>	
STREET ADDRESS	<b>201 HILDA ST STE 20</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRAME Edward L.</b>	
STREET ADDRESS	<b>806 ROSE Avenue</b>	
CITY-ST-ZIP	<b>Kissimmee, FL 34741</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 report 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 all other like empowered.

SIGNATURE: **Edward L. Frame** Date **3-24-04** Daytime Phone # **407 933 2445**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)