## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P94000016419 **DOCUMENT #**

BRUCE D. SHEPHARD, M.D., P.A.



## **FILED** Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90148 003 \*\*\*150.00

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Suite, Apr. #, etc.  City & State  City & State  City & State  City & State  Country  S. Certificate of Status Desired  See Required  Fee Requ	4302 N. HABANA AVE #300			4201 CARROLLWOOD VILLAGE DR.								
City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Country  A. FE: Number 59-3226151  Nome  SR-75 Additional Peer Replaced Agent  Res Replaced Peer Replaced Agent  Nome  SHEPHARD, BRUCE D  4201 CARROLLWOOD VILLAGE DRIVE  SUITE 2500  TAMPA FL 33824  City  City  FL Zip Code  8. The above named entry submits this externment for the purpose of changing its registered diffice or registered agent, or book, in the State of Florida. I am familiar with, and accept the entire bridgeties of dreg stered agent, or book, in the State of Florida. I am familiar with, and accept the entire bridgeties of dreg stered agent, or book, in the State of Florida. I am familiar with, and accept the entire bridgeties of dreg stered agent, or book, in the State of Florida. I am familiar with, and accept the entire bridgeties of dreg stered agent, or book, in the State of Florida. I am familiar with, and accept the entire bridgeties of dreg stered agent.  SIGNATURE  Signature Steep or preside name of registered agent.  FILE NOW!!! FEE IS \$150.00  Make Check Reyable to Florida Department of State  10. OPFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO DEPICERS AND DIRECTORS IN 11  NAME  SIRET AUGUSS  TAMPA FL 33824  ITILE  OPERATIONS  OPERATIO	2. Principal Place of Business			3. Mailing Address								
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Zep Country Zp Country S, Certificate of Status Desired SS.75 Additional Fee Required  6. Name and Address of New Registered Agent. 7., Name and Address of New Registered Agent.  SHEPHARD, BRUCE D 4201 CARROLLWOOD VILLAGE DRIVE SUITE 2500 TAMPA R. 33824  8. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or boin, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  FILE NOW!!! FEE IS \$150.00  Make Check Pagable to Floridal Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NAME SIRET ADDRESS OTH-51-27  THE NAME SIR	City & State			City & State			<b>4.</b> F	El Number 59-3226151		J— —		7
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4201 CARROLLWOOD VILLAGE DRIVE SUITE 2500  TAMPA FL 33624  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MAME SIREET ADDRESS  CITY-S1-2P  TITLE  Change Addition  MAME SIREET ADDRESS  CITY-S1-2P  TITLE  MAME SIREET ADDRESS  CITY-S1-2P  TITLE  Change Addition  Addition  Addition  MAME SIREET ADDRESS  CITY-S1-2P  TITLE  Change Addition  Addition  Addition  Addition  Addition  Addition  MAME SIREET ADDRESS  CITY-S1-2P  TITLE  TITLE  CHANGES  CHANGES  CITY-S1-2P  TITLE  CHANGES  CHANGES  CITY-S1-2P  TITLE  TITLE  CHANGES  CHANGES  CITY-S1-2P  TITLE  CHANGES  CHANGES  CITY-S1-2P  TITLE  TIT						Name	<del></del>					ľ
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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:**