

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90230 043 \*\*\*150.00

**DOCUMENT # P94000033305**

1. Entity Name  
**DAVID A. FLICK, M.D., P.A.**



Principal Place of Business  
**1260 S. GREENWOOD AVE.  
SUITE B  
CLEARWATER FL 34616  
US**

Mailing Address  
**1260 S. GREENWOOD AVE.  
SUITE B  
CLEARWATER FL 34616  
US**



2. Principal Place of Business  
**1260 S. Greenwood Ave  
Suite B**

3. Mailing Address  
**1260 S. Greenwood Ave  
Suite B**

City & State  
**Clearwater, FL**  
Zip  
**33756**  
Country  
**USA**

City & State  
**Clearwater, FL**  
Zip  
**33756**  
Country  
**U.S.A.**

4. FEI Number  
**59-3239383**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**GASSMAN, ALAN S  
1212 COURT ST.  
SUITE B  
CLEARWATER FL 34616**

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>FLICK, DAVID A</b>			
	<b>467 HARBOR DRIVE NORTH</b>			
	<b>INDIAN ROCKS BEACH FL 34635</b>			

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/03

Date

727-446-4759

Daytime Phone #

CR2E034 (10/02)