

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000038447

FILED
Mar 12, 2002 8:00 AM
Secretary of State

Entity Name: WILLIAM M. ABERNATHY, M.D., P.A.

Current Principal Place of Business:

4400 HWY 20 EAST
STE. 203
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

909 MAR WALT DR
SUITE 1014
FT WALTON BEACH, FL 32547 US

New Mailing Address:

FEI Number: 59-3239948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, WILLIAM S
909 MAR WALT DR
SUITE 1014
FT WALTON BEACH, FL 32547

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ABERNATHY, WILLIAM M
Address: 4400 HWY 20 EAST, STE. 203
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: ABERNATHY, WILLIAM M
Address: 4400 HWY 20 EAST, STE. 203
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM M. ABERNATHY M.D.

DR.

03/12/2002

_____ Electronic Signature of Signing Officer or Director

_____ Date