

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90323 012 ***150.00

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DOCUMENT # P94000041204

1. Entity Name
DAVID A. MAURER, M.D., P.A.



Principal Place of Business
**FLA HOSP FISH MEMORIAL
PATHOLOGY LAB
ORANGE CITY FL 32763**

Mailing Address
**332 WEST MINNESOTA AVENUE
DELAND FL 32720**

40008939



2. Principal Place of Business

3. Mailing Address
4335 S. Atlantic Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
B7

CHECK HERE IF MAKING CHANGES

City & State

City & State
New Smyrna Beach, FL

4. FEI Number **59-3248051**

Applied For
Not Applicable

Zip Country

Zip Country
32169 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAURER, DAVID A MD
332 WEST MINNESOTA AVENUE
DELAND FL 32720**

Name
Street Address (P.O. Box Number is Not Acceptable)
4335 S. Atlantic Ave., # B7
City **New Smyrna Beach** FL Zip Code **32169**

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	MAURER, DAVID A MD
STREET ADDRESS	332 WEST MINNESOTA AVENUE
CITY-ST-ZIP	DELAND FL 32720
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	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4335 S. Atlantic Ave. # B7
CITY-ST-ZIP	New Smyrna Beach, 32169
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: **SIGNATURE REQUIRED PA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03 386 857-5184
Date Daytime Phone #

CR2E034 (10/02)