

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

MAILED  
 AV

03-18-2002 90057 020 \*\*\*150.00

**DOCUMENT # P94000087116**  
 1. Entity Name  
**ROBERT F. GEISLER, M.D., P.A.**

Principal Place of Business      Mailing Address  
**2625 MCCORMICK DR., SUITE 104**      **2625 MCCORMICK DR., SUITE 104**  
**CLEARWATER FL 33759-4099**      **CLEARWATER FL 33759-4099**  
 US      US

2. Principal Place of Business      3. Mailing Address  
**3155 N. McMullen Booth Rd**      **3155 N. McMullen Booth Rd.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Clearwater FL**      **Clearwater FL**

Zip      Country      Zip      Country  
**33761**      **USA**      **33761**      **USA**

4. FEI Number      Applied For  
**59-3282912**      Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**GEISLER, ROBERT**  
**3850 TAMPA ROAD**  
**SUITE 101**  
**PALM HARBOR FL 34684**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3155 N. McMullen Booth Rd.**  
 City **Clearwater FL**      **FL**      Zip Code **33761**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GEISLER, ROBERT F M.D.</b> <b>624 BELLE ISLE AVE</b> <b>BELLEAIR BEACH FL 33786</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert F. Geisler      Robert F. Geisler      3/1/02      727-669-9018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)