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

DOCUMENT

Principal Place of Business

6001 BRICK COURT

P94000089828

Mailing Address

6001 BRICK COURT

1. Entity Name

ALOMA PARK OB/GYN, P.A.



Apr 02, 2003 8:00 am \$ secretary of State > FILED

TOOTFOOT

SUITE 121 SUITE 121 WINTER PARK FL 32792-9367 WINTER PARK FL 32792-9367 2. Principal Place of Business 3. Mailing Address 1925 Mizell Avenue CHECK HERE IF MAKING CHANGES Suite 4. FEI Number Applied For City & State 59-3281858 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent DESPRES, BERNARD T RO, Box Number is Not Acceptable) 6001 BRICK COURT **SUITE 121** WINTER PARK FL 32792-9367 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees #ake Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change Addition TITI F TITLE ☐ Delete DESPRES, BERNARD T NAME NAME 1925 Mizell Avenue, Suite 104 6001 BRICK COURT, SUITE 121 STREET ADDRESS STREET ADDRESS WINTER PARK FL 32772-9367 CITY-ST-ZIP Winter Porti Florida CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Deléte TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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