FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95 0000 30636

1. Entity Name

WILLIAM C. MAHER OD., P.A.



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 91049 037 ***150.00

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2. Principal Place of Busin		3. Mailing Address	V 4 4 1 A	D0								
Suite, Apt. #, etc.	WHIPL BUD	2429 E Suite. Apt. #, etc.	~# W#	DR.		DO NOT WRITE IN THIS SPACE						
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City & State	<i>C</i>	City & State	FLORID		4. FEI Number							
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3 2.8 03	Country USA	Zip 32765	Country U.S.	A.	5. Certificate of Sta	Certificate of Status Desired Fee F						
	ingstant of the other water of the state of			7. Name and Address of Current Registered Agent								
				Name WILLIAM C. MAHER								
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8. The above named entit	ty submits this statement for	the purpose of changing	its registered o			he State of Florida. I am far						
the obligations of regis	*											
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		nd title if applicable. (N	OTE: Registered Age	nt signature require	d when reinstating)	DATE	-1-2					
	ay 1 Fee is \$150.00 1, Fee is \$550.00				9 Election	Campaign Financing	\$5.00 May Be					
Amended	l UBR is \$61.25					d Contribution.	Added to Fees					
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12. Thereby certify that the	e information supplied with	this filing does not qualify:	for the exempti	on stated in Se	ection 119 07(3)(i). Flo	rida Statutes, Lifurther certifi	that the information					

12. Thereby 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03

407-366-4821

Daytime Phone #