

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000055643

1. Entity Name

MICHAEL P. HENNESSY, D.O., P.A.

Principal Place of Business

322 W BURLEIGH BLVD
TAVARES FL 32778

Mailing Address

322 W BURLEIGH BLVD
TAVARES FL 32778

2. Principal Place of Business

1681 Park Forest Blvd

3. Mailing Address

1681 Park Forest Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MT DORA FL

City & State

MT DORA FL

Zip

32757

Country

USA

Zip

32757

Country

USA

4. FEI Number

59-3337418

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENNESSY, MICHAEL P
322 W BURLEIGH BLVD
TAVARES FL 32778

Name

Street Address (P.O. Box Number is Not Acceptable)

1681 Park Forest Blvd

City

MT DORA

FL

Zip Code
32757

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

Michael P. Hennessy D.O. P.A.

1/16/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME HENNESSY, MICHAEL
STREET ADDRESS 322 W BURLEIGH BLVD
CITY-ST-ZIP TAVARES FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

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:

Michael P. Hennessy D.O. P.A. 1/16/02 (352) 735-3654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)