

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90135 005 \*\*\*150.00

**DOCUMENT # P95000072932**

1. Entity Name  
**CENTRAL FLORIDA OB-GYN, P.A.**



Principal Place of Business  
**3000 NORTH ORANGE AVENUE  
SUITE D  
ORLANDO FL 32804**

Mailing Address  
~~3000 NORTH ORANGE AVENUE~~ **2205 Lakeside Drive**  
~~SUITE D~~ **Orlando, FL 32803**  
~~ORLANDO FL 32804~~



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Orlando FL**

4. FEI Number **59-3337701**

Applied For  
Not Applicable

Zip

Country

Zip **32803**

Country **USA**

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

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**VAN WERT, JOHN W M.D.  
3000 NORTH ORANGE AVENUE  
SUITE D  
ORLANDO FL 32804**

## 7. Name and Address of New Registered Agent

Name **Kyle M. Crofoot, M.D.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2205 Lakeside Drive**  
City **Orlando** **FL** Zip Code **32803**

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)

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VAN WERT, JOHN W MD</b>	
STREET ADDRESS	<b>3000 NORTH ORANGE AVENUE, SUITE D</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CROFOOT, KYLE M MD</b>	
STREET ADDRESS	<b>3000 NORTH ORANGE AVENUE, SUITE D</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
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		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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:

**JOHN W. VAN WERT M.D.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/24/03 407-894-4663**

CR2E034 (10/02)