2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082520

1. Entity Name BACH & GODOFSKY, M.D. P.A.

SIGNATURE:



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90476 028 ***150.00

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STATHIS, STAM	Zip	Country Zip			Country	5. Certificate of Status Desired					
STATHIS, STAM 1301 6TH AVE WEST #600 BRADENTON FL 34205 City FL Zip Code City FL Notice in Not Acceptable) DATE Spowers riped or printed rame of inglishered agent. or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both,	6. Nar	ne and Address of Curre	nt Registered Ag	ent		7. Nan	ne and Address of New Re	gistered A	jent		
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu	BRADENTON FL 34	4205									
SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP CHARGE STREET ADDRESS CITY-ST-ZI					City			FL	Zip Code		
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12. I hereby certify that the information supplied with this hilling does not updainy for the example of the same legal effect as if made under oath; that I am an officer or direct 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 direct 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 direct	12. I hereby certify the indicated on this is	at the information supplied report or supplemental rec	ort is true and acc	curate and that m	y signature shall have	the same le	egal effect as if made under	oath; that I	am an officer	r or director or Block 11 if	
12. I hereby certify that the information supplied with this filing does not qualify for the examplion 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 stall have the same legal effect as if made under oath; that I am an officer or direct indicated on this report or supplemental report is true and accurate and that my signature stall have the same legal effect as if made under oath; that I am an officer or direct of the corporation or the receiver or trustee empowered to execute this report as faultred by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with at other like empowered.	of the corporation changed, or on a	or the receiver or trustee n attachment with an addr	empowered to exe ess, with all other I	ecute this report a like empawered.	as equirer by Chapter	907, FIORIO	a ciatatos, ano triat my riam		611	16.721	