FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2004 8:00 am
Secretary of State
05-20-2004 90009 017 ***150.00

DOCUMENT #

1. Entity Name
Anthony Shydohub MD, PA

DO NOT WRITE IN THIS SPACE

44045856

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6801 US 27 North	6801 US 27 North
Suite, Apt. #, etc. B-3	Suite, Apt. #, etc. B-3
City & State Sebring FL	City & State Sebring FL
Zip 33870 Country USA	Zip 33870 Country USA

4. FEI Number 59-3395343 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name Anthony Shydohub MD, PA

Street Address (P.O. Box Number is Not Acceptable) 6801 US 27 N Suite B-3

City Sebring **FL** Zip Code 33870

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 _____ DATE
Signature, typed & printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President
NAME	Anthony Shydohub MD, PA
STREET ADDRESS	6801 US 27 N. Suite B-3
CITY-ST-ZIP	Sebring FL 33870
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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

SIGNATURE: _____ Anthony Shydohub MD 5/17/04 (863)382-6088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #