

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90930 020 ***150.00

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DOCUMENT # P96000060235																																																																																																							
1. Entity Name JAMES W. FULLER, M.D., P.A.																																																																																																							
Principal Place of Business 8623 EAST CRESCO LANE INVERNESS FL 34450		Mailing Address 8623 EAST CRESCO LANE INVERNESS FL 34450																																																																																																					
2. Principal Place of Business		3. Mailing Address																																																																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																					
City & State		City & State																																																																																																					
Zip	Country	Zip	Country																																																																																																				
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																																																																																																					
FULLER, JAMES W M.D. 8623 EAST CRESCO LANE INVERNESS FL 34450		Name																																																																																																					
		Street Address (P.O. Box Number is Not Acceptable)																																																																																																					
		City																																																																																																					
		State Zip Code FL																																																																																																					
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 <i>James W. Fuller, MD</i> <i>[Signature]</i>		DATE <i>3/25/02</i>																																																																																																					
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">11. OFFICERS AND DIRECTORS</th> <th colspan="2">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td>TITLE</td> <td>D <input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>FULLER, JAMES W M.D.</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8623 EAST CRESCO LANE</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>INVERNESS FL 34450</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S <input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>FULLER, SUZANNE H</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8623 EAST CRESCO LANE</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>INVERNESS FL 34450</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>				11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	FULLER, JAMES W M.D.	NAME		STREET ADDRESS	8623 EAST CRESCO LANE	STREET ADDRESS		CITY-ST-ZIP	INVERNESS FL 34450	CITY-ST-ZIP		TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	FULLER, SUZANNE H	NAME		STREET ADDRESS	8623 EAST CRESCO LANE	STREET ADDRESS		CITY-ST-ZIP	INVERNESS FL 34450	CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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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: <i>James W. Fuller, M.D.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																							



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

3/25/02 352-726-3110
 Date Daytime Phone #