

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000063108

FILED  
Jan 31, 2002 8:00 AM  
Secretary of State

**Entity Name:** LAWRENCE H. FINK, M.D., CHARTERED

**Current Principal Place of Business:**

5741 BEE RIDGE RD, SUITE 590  
SARASOTA, FL 34233

**New Principal Place of Business:**

5741 BEE RIDGE ROAD  
SUITE 530  
SARASOTA, FL 34233

**Current Mailing Address:**

P.O. BOX 3319  
SARASOTA, FL 34230 US

**New Mailing Address:**

**FEI Number:** 65-0695663

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FINK, LAWRENCE H  
5741 BEE RIDGE ROAD, SUITE 590  
SARASOTA, FL 34233 US

**Name and Address of New Registered Agent:**

FINK, LAWRENCE H M.D.  
5741 BEE RIDGE ROAD  
SUITE 530  
SARASOTA, FL 34233 US

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:** LAWRENCE H. FINK, M.D.

01/31/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FINK, LAWRENCE H M.D.  
Address: 7700 ALISTER MACKENZIE DRIVE  
City-St-Zip: SARASOTA, FL 34240

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** LAWRENCE H. FINK, M.D.

PRES

01/31/2002

Electronic Signature of Signing Officer or Director

Date