2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000071859**

1. Entity Name

JAMES W. FOARD, PA-C, P.A.



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

02-17-2003 90228 038 ***150.00

					OD WE TO					
Principal Place of Business 636 ANCHOR RODE DRIVE NAPLES FL 34103			Mailing Address 636 ANCHOR RODE DRIVE NAPLES FL 34103				1 1	12) 48 1 014	i (1881 (2012)	<u> </u>
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				HECK HERE IF I	MAKING C	HANGES	
City & State			City & State			4. FEI Number 65	0694808			pplied For
Zip Country		ntry	Zip			5. Certificate of State			3.75 Ad	
	6. Name and A	ddress of Current Re	gistered Agent	 		7. Name and Addre	ee of Nous Bosi		e Require	90
	-		giotorea Agent		Name	7. Name and Addre	as or New Regi	stered Ag	ent .	
FOARD.	JAMES W									
636 ANC	HOR RODE DR		Street Address			P.O. Box Number is Not Acceptable)				
NAPLES !	FĻ 34103	***								
					City			FL	Zip Cod	
8. The above the obliga	e named entity submi ations of registered ag	ts this statement for the	ne purpose of changing its	s registered o	office or register	red agent, or both, in the	e State of Florida	a. I am fam	iliar with,	and accept
SIGNATURE			•							
_;	Signature, typed or printed	name of registered agent and	title if applicable. (NOT	TE: Registered Ag	ent signature required	when reinstating)		DATE		
e 3	FILE NOW!!! FEE	IS \$150.00					 -	77.	**-	
After May 1, 2003 Fee will be \$550.00						I	ampaign Financ	~ —		May Be
Make Chec	k Payable to Florid	a Department of S	tate			Irust Fund	Contribution.	Ш	Added	to Fees
10.		OFFICERS AND DI	RECTORS	11,		ADDITIONS/CHANG	SES TO OFFICE	RS AND DI	RECTOR	S IN 11
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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

213/03 239-649-819 Date Daytime Phone #