

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90005 001 ***150.00

DOCUMENT # P96000072631

1. Entity Name
EILEEN F. FARWICK, D.O., P.A.

Principal Place of Business
**10000 WEST COLONIAL DRIVE
SUITE 1463
OCOOEE FL 34761**

Mailing Address
**10000 WEST COLONIAL DRIVE
SUITE 1463
OCOOEE FL 34761**



2. Principal Place of Business
10000 W. Colonial Dr

3. Mailing Address
10000 W. Colonial Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

386

386

City & State
Ocoee, Fl

City & State
Ocoee, Fl

4. FEI Number **59-3399780**

Applied For

Not Applicable

Zip Country
34761-3494 - Orange

Zip Country
34761-3494 - Orange

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

6. Name and Address of Current Registered Agent

**BLOOM, GWEN D , ESQ
430 N MILLS AVE
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

**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. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **FARWICK, EILEEN F D.O.**
STREET ADDRESS **10000 W COLONIAL DR, STE 1463**
CITY-ST-ZIP **OCOOEE FL 34761**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
NAME **Eileen F. Farwick, DO**
STREET ADDRESS **10000 W. Colonial Dr, Ste 386**
CITY-ST-ZIP **Ocoee, Fl 34751**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

EILEEN F. FARWICK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eileen F. Farwick

Date

Daytime Phone #

CR2E034 (9/01)