

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000010366

FILED
Apr 24, 2002 8:00 AM
Secretary of State

Entity Name: CAROL A. HANKINS, M.D., P.A.

Current Principal Place of Business:

1121 LEWIS AVE
SARASOTA, FL 34237 US

New Principal Place of Business:

3040 GRAND BAY BLVD.
256
LONGBOAT KEY, FL 34228 US

Current Mailing Address:

P O BOX 25367
SARASOTA, FL 34277

New Mailing Address:

P O BOX 25367
SARASOTA, FL 34277 US

FEI Number: 65-0728678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANKINS, CAROL A
1121 LEWIS AVENUE
SARASOTA, FL 34237

Name and Address of New Registered Agent:

HANKINS, CAROL A
3040 GRAND BAY BLVD.
256
LONGBOAT KEY, FL 34228 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:

04/24/2002

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: PT () Delete
Name: HANKINS, CAROL A MD
Address: 1121 LEWIS AVENUE
City-St-Zip: SARASOTA, FL 34237

Title: S () Delete
Name: WHITMORE, WILLET F MD
Address: 1121 LEWIS AVE
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: HANKINS, CAROL A MD
Address: # 256, 3040 GRAND BAY BLVD.
City-St-Zip: LONGBOAT KEY, FL 34228 US

Title: S (X) Change () Addition
Name: WHITMORE, WILLET F MD
Address: #256, 3040 GRAND BAY BLVD.
City-St-Zip: LONGBOAT KEY, FL 34228 US

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: CAROL A. HANKINS, M.D.

PT

04/24/2002

Electronic Signature of Signing Officer or Director

Date