2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR P97000018908 **DOCUMENT #** 1. Entity Name BARBARA P. SRUR, M.D., P.A. Mailing Address Principal Place of Business 1625 S OSPREY AVE 1625 S OSPREY AVE SARASOTA FL 34239-2929 SARASOTA FL 34239-2929 ШŜ 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State 65-0723672 City & State Country Country. Zip 5.-Certificate of Status Desired* Zip 6. Name and Address of Current Registered Agent Name SRUR, BARBARA P M.D.

300 RIVERSIDE DR, E.

BRADENTON FL 34208

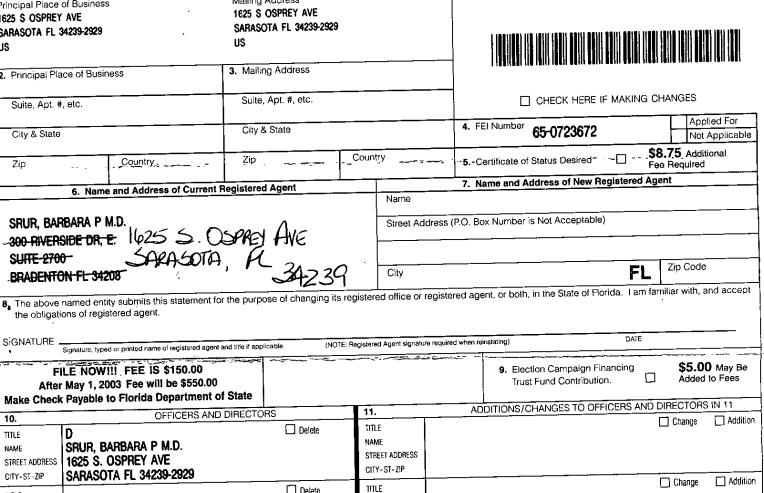
SIGNATURE

the obligations of registered agent.

SUITE-2700

FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90218 012 ***150 00



SIGNATURE _	Signature, typed or printed name of registered agent and title if appl	icable. (NOTE: Re	gistered Agent signature required wh	en reinstating)	DATE		
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State		9. Election Campaign Trust Fund Contrib	ution.	Added	May Be to Fees	
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO	OFFICERS AND		
TITLE NAME STREET ADDRESS	D SRUR, BARBARA P M.D. 1625 S. OSPREY AVE SARASOTA FL 34239-2929	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the second of the second o	<u>, 112, 1232 113 12 124 1</u>		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS - CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u></u>
12. 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 of supplies that I am an officer or director indicated on this report of supplies that I am an officer or director indicated on this report of supplies that I am an officer or director of the corporation or fue received at tustee empowered to execute in the profit as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attact that with an address, with all other the proposed of the profit of the corporation of the corporation of the received of the corporation of the corporation of the received of the corporation of the received of the corporation of							

City