

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90095 024 ***150.00

DOCUMENT # **P97000032221**

1. Entity Name
GREGORY N. BORGANELLI, D.M.D., P.A.



Principal Place of Business
~~3707 HWY 47 SOUTH~~
LAKE CITY FL 32025

Mailing Address
~~3707 HWY 47 SOUTH~~
LAKE CITY FL 32025

2. Principal Place of Business
875 SW SR 47
Suite, Apt. #, etc.

3. Mailing Address
875 SW SR 47
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
LAKE CITY, FL
Zip
32025
Country
USA

City & State
LAKE CITY, FL
Zip
32025
Country
USA

4. FEI Number
59-3435468

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BORGANELLI, GREGORY N DMD
6707 HWY 47 S.
LAKE CITY FL 32025

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
875 SW SR 47
City **LAKE CITY** FL Zip Code **32025**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gregory N. Borganelli*
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/13/03**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BORGANELLI, GREGORY N D.M.D. 3707 HWY 47 S. LAKE CITY FL 32025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORGANELLI, SUZANNE H 3707 HWY 47 S. LAKE CITY FL 32025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	3707 HWY 47 S. 875 SW SR 47	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3707 HWY 47 S. 875 SW SR 47	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 another like empowered.

SIGNATURE: *Gregory N. Borganelli*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/13/03** DAYTIME PHONE # **386 752 8200**

CR2E034 (10/02)