2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000040753

1. Entity Name RICHARD P. INGHAM, O.D., P.A.



FILED Sep 04, 2003 8:00 am Secretary of State

09-04-2003 90068 009 ***550.00

Principal Place of Business 805 MAPLE RIDGE RD. PALM HARBOR FL 34683			Mailing Address 805 MAPLE RIDGE RD. PALM HARBOR FL 34683									iik (1 114 11 1	 	. 144 1 011 1	ULEE UHR K ee	
2. Principal F	Place of Busin	ness	3. Mailing Address													
Suite, Apt.	#, etc.		Suite, Apt. #, etc.							CHECK	K HERE	IF MAKII	NG CH	ANGES		
City & Stat	te		City & State				-	4. FEI Number 59-3448357							plied For t Applicable	
Zip Country			Zip Count			try	5. Certificate of Status Desired						\$8.75 Additional Fee Required			
	6. Name	d Agent		_		7. Nam	e and Ad	dress o	f New F	Registere	d Agen	t				
						Name	···· <u> </u>									
_	richard f Le ridge r						Street Address (P.O. Box Number is Not Acceptable)									
2	RBOR FL 3	4.9 (4.7.9)			Ì	<u> </u>					-	~				
÷ .						City		··			-	F	L	Zip Code)	
	tions of regist			1				_	·	the Sta	ate of Flo			ar with, a	and accept	
	Signature, typed	or printed name of registered agent	and title if appl	licable. (NOTE: I	Registered	d Agent signatu	re required w	rhen reinstati	ing)			DATE	•			
After Se	ptember 10	FEE IS \$550.00 , 2003 Fee will be \$750 Florida Department o							9. Election		oaign Fi				May Be to Fees	
10.		∴ OFFICERS AND	DIRECTOR	RS	11.			ADDITI	IONS/CH	ANGES	TO OFF	ICERS A	ND DIR	ECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	805 MAPL	RICHARD P E RIDGE RD. RBOR FL 34683		☐ Delete	TITLE NAME STREE				· · -	•				Change	Addition	
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12 hereby c	certify that the	information supplied with	this filing	does not qualify for th	no ovon	antion state	ad in Sect	ion 110 (07/31/0 E	Iorida C	tatutas	Lfurther	ortify 45	at the in	formation	

indicated on this report or supplied with this riling does not quality 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: