

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90020 042 ***150.00

DOCUMENT # P97000054684

1. Entity Name
W.I. CAPPS, M.D., INC.

Principal Place of Business 745 E. DAYTON CIR. FT. LAUDERDALE FL 33317 US	Mailing Address P O BOX 21745 FT LAUDERDALE FL 33335 US
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80052809



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 65-0778427	Applied For
	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CAPPS, WILLIAM <
745 E. DAYTON CIR.
FT. LAUDERDALE FL 33317

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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, 2001 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		
T CAPPS, CHRISTINE M 745 E. DAYTON CIRCLE FT. LAUDERDALE FL 33312	<input type="checkbox"/> Delete	
S CAPPS, CHRISTINE M 745 E. DAYTON CIRCLE FT. LAUDERDALE FL 33312	<input type="checkbox"/> Delete	
	<input type="checkbox"/> Delete	
	<input type="checkbox"/> Delete	
	<input type="checkbox"/> Delete	
	<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: William I Capps, MD **WILLIAM I CAPPS, MD** **04-30-01** **954-327-3093**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)