

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91728 040 ***150.00

DOCUMENT # P97000057959

1. Entity Name
PGA FOOT & ANKLE P.A.

Principal Place of Business
 5670 PGA BLVD 5610 PGABLVD
 SUITE 212
 WEST PALM BEACH GARDENS FL 33418
 PALM BEACH GARDENS

Mailing Address
 5670 PGA BLVD 5610 PGABLVD
 SUITE 212
 WEST PALM BEACH GARDENS FL 33418
 PALM BEACH GARDENS

2. Principal Place of Business
 5610 PGA BLVD
 Suite, Apt. #, etc.
 212
 City & State
 Palm Beach Gardens, FL

3. Mailing Address
 5610 PGA BLVD
 Suite, Apt. #, etc.
 212
 City & State
 Palm Beach Gardens, FL



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0762904 **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent
 DUNN, E. CHARISSE D.P.M.
 5610 PGA BLVD.
 SUITE 212
 PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City 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
 Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVNN DUNN, E. CHARISSE D.P.M. 5610 PGA BLVD., SUITE 212 PALM BEACH GARDENS FL 33418 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *E. Charisse Dunn* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 4/26/02 561 776 7047
 Date Daytime Phone #

CR2E034 (9/01)