

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90366 036 ***150.00

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DOCUMENT # P97000084987

1. Entity Name
PATRICK G. FAIRCHILD, M.D., P.A.



Principal Place of Business
**10000 W. COLONIAL DR., STE. 488
GOTHA FL 34734**

Mailing Address
**PO BOX 588
GOTHA FL 34734**



2. Principal Place of Business
**10,000 W. Colonial Dr
Suite, Apt. #, etc. Suite 488
City & State Ocoee, FL**

3. Mailing Address
**PO Box 588
Suite, Apt. #, etc. NIA
City & State Gotha, FL**

CHECK HERE IF MAKING CHANGES

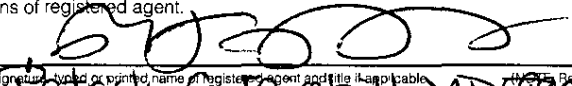
4. FEI Number **59-3470729**

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

6. Name and Address of Current Registered Agent
**FAIRCHILD, PATRICK G MD
2259 FOUNTAIN KEY CR
WINDERMERE FL 34786**

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

SIGNATURE  **Patrick G. Fairchild, MD, P.A. President** DATE **1-21-2003**

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	DPST FAIRCHILD, PATRICK G 10000 W COLONIAL DR STE 488 OCOEE FL 34761 <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
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 all other like empowered.

SIGNATURE:  **Patrick G. Fairchild, MD, P.A. President** DATE **1-21-2003** DAYTIME PHONE # **407-296-1980**

CR2E034 (10/02)