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

## P97000087717 DOCUMENT #

1. Entity Name

SIGNATURE:

OAK TREE FAMILY PRACTICE, P.A.



## **FILED** Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90290 019 \*\*\*150.00

Daytime Phone #

					%	OD WE INC	1					
Principal Place of Business 90 CYPRESS WAY E NAPLES FL 34110			90 CY	Mailing Address 90 CYPRESS WAY E NAPLES FL 34110								
2. Principal Pl	ace of Busine	ess	3. Maili	3. Mailing Address			- 3	· I HODAJBOI KID KIDAH KODIK GANKI ODKI			(0)(	
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State	<del></del>		City	* City & State			4. FEI Number 65-0786859			<b>⊢</b>	Applied For Not Applicable	
Zip Country			Zip	Zip Cour			<b>5</b> . C				.75 Additional Required	
	6 Name	and Address of Cu	rrent Registere	d Agent	<u> </u>		7. N	ame and Address of New Re	egistered Ag	jent		
	U. Italiic	and Address or or	and it is a second	- <u> </u>	Nam	ne		-				
POLITO, J	IANET	<del></del>			- Ctro	ot Address (	(BO Bo	ox Number is Not Acceptable	<del>, ,</del>			
	SS WAY E			Street Address			(F.O. BC	ox Number is Not Acceptable,	, <u>-</u>			
NAPLES FL 34110												
NAPLES F	-L 34110			!					<u> </u>	Zip Code		
				-	City				FL			
the obligati	named entity ions of registe	submits this stater ered agent.	nent for the purp	ose of changing its	registered offic	ce or registe	red age	ent, or both, in the State of Flo	nda. Tam ta	miliar with, a	and accept	
"SIGNATURE	Signature, typed	or printed name of register	ed agent and title if app	licable. (NOT	E: Registered Agent s	signature require	d when rei	instating)	DATE			
After	May 1, 200	PEE IS \$150.0 3 Fee will be \$55 Florida Departm	50.00					Election Campaign Fin     Trust Fund Contribution	n. 🗆	Added	May Be to Fees	
10.		OFFICER	S AND DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFF				
TITLE	D	n		☐ Delete	TITLE	1	'	4		Change	'및 Addition	
NAME	POLITO, J				NAME STREET ADDR	cce F						
STREET ADDRESS	NAPLES F	SS WAY E			CITY-ST-ZIP							
CITY-ST-ZIP	-	1.34110	<del>.</del>	Pro Maria	TITLE	<del></del>	•	·		Change	Addition	
TITLE NAME	D Seibert,	KADI A		Delete	NAME	1						
STREET ADDRESS		SS WAY E			STREET ADDR	RESS						
CITY-ST-ZIP	NAPLES F				CITY-ST-ZIP							
TITLE				☐ Delete	TITLE					Change	☐ Addition	
NAME		mark v	_	ರ್ಷ ಎಂದು ಪ್ರ <b>ತ್ಯಾಗ್ಗೆ</b> ಪ್ರಕ್ರಾಮಿಗಳ ಪ್ರಶ	NAME	F Tari -						
STREET ADDRESS					STREET ADDR	1	- · · · ·	er er om ferender er yæ	reservable and a			
CITY-ST-ZIP			. <u>.</u>		CITY-ST-ZIP	<del></del>		<u> </u>			Addition	
TITLE		•		☐ Delete	TITLE			•		☐ Change	☐ Addition	
NAME					NAME STREET ADDR	3F99						
STREET ADDRESS CITY-ST-ZIP					CITY-ST-ZIP	· · ·						
	-	-1			TITLE	<del>-</del>				☐ Change	☐ Addition	
TITLE NAME				T DAIRTR	NAME					•		
STREET ADDRESS					STREET ADDR	RESS						
CITY-ST-ZIP					CITY-ST-ZIP						· · · · · · · · · · · · · · · · · · ·	
TITLE				☐ Delete	TITLE					☐ Change	☐ Addition	
NAME		•			NAME CIRCET ADDI	oree						
STREET ADDRESS					STREET ADDR	i						
CITY-ST-ZIP	<u>.                                    </u>				CITY-ST-ZIP		) ) 1	440.07(0)(i) Florid Oct. (	1 5, 100	fu that the	information	
12. I hereby a indicated of the collaboration	certify that th d on this repo rporation or t d, or on an att	e information suppl rt or supplemental in the receiver or truste achiment with an ac	ied with this filing report is true and se empowered to Idress, with all of	does not qualify for accurate and that execute this report ner like errowered	or the exemption my signature sh t as required by d.	n stated in S hall have the / Chapter 60	ection same 07, Flori	119.07(3)(i), Florida Statutes. legal effect as if made under da Statutes, and that my nam	oath; that I a e appears in	m an officer Block 10 o	r or director r Block 11 if	