

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90029 033 \*\*\*150.00

**DOCUMENT # P97000088326**

1. Entity Name

**KAREN WUNDERLICH, M.D., P.A.**

Principal Place of Business

**14540 COREZ BLVD  
STE 102  
BROOKSVILLE FL 34613  
US**

Mailing Address

**13151 SPRING HILL DR.  
SPRING HILL FL 34609  
US**

2. Principal Place of Business

**14540 CORTEZ BLVD**

3. Mailing Address

**12579 SPRING HILL DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**SPRING HILL, FL**

4. FEI Number

**59-3470832**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34609****USA**5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****SMITH, SMITTY****13151 SPRING HILL DR.  
SPRING HILL FL 34609****7. Name and Address of New Registered Agent**

Name

**SMITH, SMITTY**

Street Address (P.O. Box Number is Not Acceptable)

**12579 SPRING HILL DR**

City

**SPRING HILL****FL**

Zip Code

**34609**

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

**4/16/02**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, 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**TITLE **PD** ☐ Delete  
NAME **WUNDERLICH, KAREN**  
STREET ADDRESS **14540 CORTEZ BLVD- STE 102**  
CITY-ST-ZIP **BROOKSVILLE FL 34613**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
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CITY-ST-ZIPTITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **X****Karen Wunderlich**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**04/22/02**  
Date**352-596-7255**  
Daytime Phone #

CR2E034 (9/01)