FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90134 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088326

1. Entity Name
KAREN WUNDERLICH, M.D., P.A.

11029696

Principal Place of Business	Mailing Address
14540 COREZ BLVD STE 102 BROOKSVILLE, FL 34613 US	12579 SPRING HILL DR SPRING HILL, FL 34609 US

2. Principal Place of Business		3. Mailing Address	
14540 Cortez Blvd		3802 Ehrlich Road	
Suite, Apt. #, etc.: Suite 102		Suite, Apt. #, etc.: Suite 210	
City & State: Brooksville, FL		City & State: Tampa FL	
Zip: 34613	Country: USA	Zip: 33624	Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3470832 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, SMITTY 12579 SPRING HILL DR SPRING HILL, FL 34609	Name: Smith, Smitty Street Address (P.O. Box Number is Not Acceptable): 3802 Ehrlich Road, Suite 210 City: Tampa FL Zip Code: 33624

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 [signature] 4/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WUNDERLICH, KAREN 14540 CORTEZ BLVD- STE 102 BROOKSVILLE, FL 34613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] MD 4/28/03 813-969-0044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #