

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90667 016 ***150.00

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DOCUMENT # P97000100453

1. Entity Name
THOMAS F. HEGERT, M.D., INC.

Principal Place of Business APH PATHOLOGY 92 WEST MILLER ORLANDO FL 32806	Mailing Address APH PATHOLOGY 92 WEST MILLER ORLANDO FL 32806
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3478645		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Not Applicable			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
HEGERT, THOMAS F APH PATHOLOGY 92 WEST MILLER ORLANDO FL 32806				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 _____ (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. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGERT, THOMAS F	NAME		NAME		NAME	
STREET ADDRESS	APH PATHOLOGY, 92 W MILLER	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		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: *Thomas F. Hegert M.D.* **4-1-02 321-843-1327**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)