2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000001267

1. Entity Name

DAVID M. WELLS, P.A.



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90048 008 ***150.00

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Principal Place of Business 50 NORTH LAURA STREET STE. 3300 JACKSONVILLE FL 32202			Mailing Address 50 NORTH LAURA STREET STE. 3300 JACKSONVILLE FL 32202							
ace of Busin	ess	3. Maili	3. Mailing Address					 	isi 11010 1101	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 59-3486240		 	Applied For Not Applicable	
Country Zip				Country			Certificate of Status Desired			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
M CIVA					Name	- (D.O. B	au Number is Net Assertable)			
LAURA S					Street Address	S (P.O. B	OX NUMBER IS NOT Acceptable)			
JACKSUNVILLE PL 32202					City			FL	Zip Co	de
ons of regist	ered agent. LMC							DATE	arimiai wiu	
May 1, 200	3 Fee will be \$550.						1			00 May Be ed to Fees
			RS	11.		AE	DITIONS/CHANGES TO OFFIC	CERS AND	DIRECTO	RS IN 11
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BACKOOK	VILLE I E OZZOZ		☐ Delete	NAM! STRE	ET ADDRESS				☐ Change	Addition
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	6. Name AVID M LAURA S VILLE FL 3: mamed entity ons of regist LE NOW!! May 1, 200 Payable to D WELLS, D 50 NORTH	Country 6. Name and Address of Curr AVID M LAURA STREET STE. 3300 AURA STREET STE. 3500 AURA STREET STE. 3500	RA STREET STE. 3300 FL 32202 Solve of Business G. etc. Country Country Country Country Tip 6. Name and Address of Current Registere AVID M LAURA STREET STE. 3300 ALLE FL 32202 The maned entity submits this statement for the purpoons of registered agent. Signature Special Steries of State OFFICERS AND DIRECTO: D WELLS, DAVID M 50 NORTH LAURA STREET STE. 3300	Sonorth Laura Street FL 32202 So NORTH Laura STREET JACKSONVILLE FL 32202 Suite, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent AVID M LAURA STREET STE. 3300 //ILLE FL 32202 Inamed entity submits this statement for the purpose of changing its ons of registered agent. Signature Vipod or printed name of registered agent and title if applicable. (NOTE LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS D Delete Delete Delete	RA STREET STE. 3300 FL 32202 SO NORTH LAURA STREET STE. 3 ACKSONVILLE FL 32202 Ice of Business 3. Mailing Address Country Zip Country Zip Country City & State Country City & State Country AVID M LAURA STREET STE. 3300 //LLE FL 32202 ***Proposed on printed name of registered agent and title if applicable. LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS D WELLS, DAVID M 50 NORTH LAURA STREET STE. 3300 JACKSONVILLE FL 32202 Delete TITLE NAM! STREET CITY Delete TITLE NAM! STREET D Delete TITLE NAM! STREET TITLE NAM! STREET D Delete TITLE NAM! STREET TITLE NAM	Size STREET STE. 3300 FL 32202 SO NORTH LAURA STREET STE. 3300 JACKSONVILLE FL 32202 Suite, Apt. #, etc. City & State Country Country Zip Country AVID M LAURA STREET STE. 3300 //LLE FL 32202 City Inamed entity submits this statement for the purpose of changing its registered office or registers of sequistered agent. Signature Appear on printed name of registered agent and life if applicable. NOTE Registered Agent signature required agent and life if applicable. INOTE Registered Agent signature required agent and life if applicable. INOTE Registered Agent signature required agent and life if applicable. INOTE Registered Agent signature required agent and life if applicable. INOTE Registered Agent signature required agent and life if applicable. INOTE Registered Agent signature required agent and life if applicable. INOTE Registered Agent signature required agent and life if applicable. INOTE Registered Agent signature required agent and life if applicable. In III L	STREET STE. 3300 FL 32202 SO NORTH LAURA STREET STE. 3300 FL 32202 So NORTH LAURA STREET STE. 3300 JACKSONVILLE FL 32202 Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Street Address of Current Registered Agent Name Street Address (P.O. B. Street Address (P.O. B. City Cit	RA STREET STE. 3300 FL \$2202 SUND, Apt. #, etc. City & State Country Zip Country Zip Country Street Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RATE FL \$2202 City Street Address (P.O. Box Number is Not Acceptable) City & State Country Street Address (P.O. Box Number is Not Acceptable) Name Street Address (P.O. Box Number is Not Acceptable) City In an and Address of New Registered office or registered agent, or both, in the State of Floring Acceptable agent, or both, in the State of Floring Acceptable agent are of registered agent, or both, in the State of Floring Acceptable agent are of registered agent, or both, in the State of Floring Acceptable agent are of registered agent, or both, in the State of Floring Acceptable agent are of registered agent, or both, in the State of Floring Acceptable agent are of registered agent. City State Address (P.O. Box Number is Not Acceptable) Payable to Florida Department of State In Acceptable agent agent are acceptable agent agen	PART STREET STE. 3300 JACKSOMVILLE FL 32202 3. Mailing Address 4. FEI Number 59-3486240 Country Zip Country S. Certificate of Status Desired F. Name and Address of New Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Tamed antity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I sm for registered agent, or both in the State of Florida. I sm for registered agent or and registered agent. Note Registered agent speaks would when amatemy) DATE LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS Delete TILE NAME SIRET ADDRESS CITY-51-2P Delete TILE NAME SIRET ADDRESS	PARTER STE 300 JACKSONVILE FL 3202 So NORTH JAURA STREET STE 300 JACKSONVILE FL 3202 So North JAURA STREET STE 300 JACKSONVILE FL 3202 So North JAURA STREET STE 300 JACKSONVILE FL 3202 South JACKSONVILE FL 3202 South JACKSONVILE FL 3202 Delete INSTITUTE JACKSONVILE FL 3202 South JACKSONVILE FL 3202 South JACKSONVILE FL 3202 Delete JACKSONVILE FL 3202 South JACKSONVILE FL 3202 Delete JACKSONVILE FL 3202 South JACKSONVILE FL 3202 Delete JACKSONVILE FL 3202

rnatedy certify that the information supplied with this mining does not quality for the exemption stated in Section 113.07(3)(1), Frontia Statutes. Indirect certify that the information indicated on this report or suppliemental 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: