2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
04-10-2001 90034 006 ***150.00

DOCUMENT # P98000003549

1. Entity Name
NANCY R. SCHLEIDER, MD, PA

Principal Place of Business	Mailing Address
13691 METRO PKWY STE 320 FORT MYERS FL 33912 US	13691 METRO PKWY STE 320 FORT MYERS FL 33912 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13691 METRO PKWY	13691 METRO PKWY
Suite, Apt. #, etc.: STE 420	Suite, Apt. #, etc.: STE 420
City & State: FORT MYERS, FL	City & State: FORT MYERS
Zip: 33912 Country: US	Zip: 33912 Country: US

4. FEI Number 65-0804823 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KUSHNER, NANCY R
13261 PONDEROSA WAY
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	P, D	☒ Change ☐ Addition
NAME	KUSHNER, NANCY R		NAME	KUSHNER, NANCY R.	
STREET ADDRESS	13261 PONDEROSA WAY		STREET ADDRESS	13261 PONDEROSA WAY	
CITY-ST-ZIP	FORT MYERS FL 33907		CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: [signature] NANCY R. KUSHNER, MD 1/11/2001 941-768-2057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #