

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90037 001 ***150.00

DOCUMENT # **P98000003549**

1. Entity Name

NANCY R. SCHLEIDER, MD, PA

DO NOT WRITE IN THIS SPACE

1800583000

2. Principal Place of Business

13691 METRO PKWY

Suite, Apt. #, etc.

STE 420

City & State

FORT MYERS FL

Zip
33912

Country
US

3. Mailing Address

P.O. BOX 7518

Suite, Apt. #, etc.

City & State

FORT MYERS FL

Zip
33911

Country
US

4. FEI Number

65-0804823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KUSHNER, NANCY R.

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

13261 PONDEROSA WAY

City

FORT MYERS

FL

Zip Code

33907

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
KUSHNER, NANCY R.
13261 PONDEROSA WAY
FORT MYERS, FL 33907**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy R. Schleider

NANCY R. SCHLEIDER, MD

3/14/02

941-768-2057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)