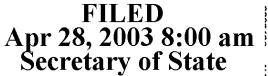
## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR) P9800011022 DOCUMENT #



1. Entity Name M. TEJU GUEST, M.D., P.A.					04-28-2003 91360 014 ***150.00			
9123 N. MILITA	ce of Business ARY TR., STE, 102 GARDENS FL 33410	Mailing Address 9123 N. MILITARY TR., STE, 102 PALM BEACH GARDENS FL 33410						
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 65-0809390	<b>├</b> ── <del>├</del> ─	oplied For	
Zip Country		Zip	Country		5. Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current R	enistered Agent	<u> </u>	<del></del>	7. Name and Address of New Registered	•	~ -	
	o. Hallo dia radioco o outient.		Nar	me				
GUEST, MARY T 9123 N MILITARY TRAIL				Street Address (P.O. Box Number is Not Acceptable)				
SUITE 102					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	
· · · · · · · · · · · · · · · · · · ·						1 3: 0 4		
PALM BEACH GARDENS FL 33410			City	City FL Zip Code			e	
the obligated SIGNATURE	Signature, typed or printed name of registered agent an		DTE: Registered Agent		d agent, or both, in the State of Florida. I an when reinstating)  DATE  9. Election Campaign Financing			
	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State					to Fees	
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	S IN 11	
	D GUEST, MARY T 4018 DORADO DR PALM BEACH GARDENS FL 33418	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	1		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUEST, LANCEFORD O 4018 DORADO DR PALM BEACH GARDENS FL 33418	☐ Delete	TITLE NAME STREET ADDF CITY-ST-ZIP	1		☐ Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		Deletê	* TITLE NAME STREET ADDR CITY-ST-ZIP	1		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	<b>I</b>		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDR	·		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDR	E		☐ Change	☐ Addition	

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:

RECANCEFORD O- GUEST

561)630-9339