

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90076 036 \*\*\*150.00

**DOCUMENT # P98000044380**

1. Entity Name  
**ANTONIO L. BUNKER, M.D., P.A.**



Principal Place of Business  
**4211 CARROLLWOOD VILLAGE DR  
TAMPA FL 33624**

Mailing Address  
**4211 CARROLLWOOD VILLAGE DR  
TAMPA FL 33624**



2. Principal Place of Business  
**1421 N.W. 90th Terrace**

3. Mailing Address  
**1421 N.W. 90th Terrace**

Suite, Apt. #, etc.  
**Gainesville**

Suite, Apt. #, etc.  
**Gainesville FL**

City & State  
**FL**

City & State

☒ CHECK HERE IF MAKING CHANGES

Zip  
**32606**

Country  
**USA**

Zip  
**32606**

Country  
**USA**

4. FEI Number **59-3509574**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WETHERINGTON, R. WADE  
400 N TAMPA ST  
PARK TOWER, #2625  
TAMPA FL 33602**

**7. Name and Address of New Registered Agent**

Name **Anto**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **BUNKER, ANTONIO L M.D.**  
STREET ADDRESS **4211 CARROLLWOOD VILLAGE DR**  
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1421 N.W. 90th Terrace**  
CITY-ST-ZIP **Gainesville FL 32606**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 life empowered.

SIGNATURE:

**Signature of Antonio L. Bunker, M.D., P.A.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/10/03**  
Date

Daytime Phone #

CR2E034 (10/02)