

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90176 029 ***150.00

DOCUMENT # P99000029134

1. Entity Name
MARY BEARD STEGMAN, M.D., P.A.

Principal Place of Business **Mailing Address**
9371 CYPRESS LAKE DR., STE. 18 **9371 CYPRESS LAKE DR., STE. 18**
FT. MYERS FL 33919 **FT. MYERS FL 33919**

VEFFECTING 08 FEB 02



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
9371 CYPRESS LAKE DR **SAME**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**
Suite 14

City & State **City & State**
FT. MYERS, FL

Zip **Country** **Zip** **Country**
33919 **USA**

4. FEI Number **Applied For**
65-0909009 **Not Applicable**

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

6. Name and Address of Current Registered Agent

HEALY, JAMES C
9371 CYPRESS LAKE DR., STE. 18
FT. MYERS FL 33919

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. ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BEARD STEGMAN, MARY	
STREET ADDRESS	9371 CYPRESS LAKE DR., STE. 18	
CITY - ST - ZIP	FT. MYERS FL 33919	
TITLE	CTD	<input type="checkbox"/> Delete
NAME	HEALY, JAMES C	
STREET ADDRESS	9371 CYPRESS LAKE DR., STE. 18	
CITY - ST - ZIP	FT. MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 its 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

07 FEB 02 **941-415-1900**

CR2E034 (9/01)