

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90413 008 ***150.00

DOCUMENT # P99000029134

1. Entity Name

MARY BEARD STEGMAN, M.D., P.A.



Principal Place of Business
9371 CYPRESS LAKE DR.,STE.14
FT.MYERS FL 33919

Mailing Address
9371 CYPRESS LAKE DR.,STE.14
FT.MYERS FL 33919



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

9371 CYPRESS LAKE DRIVE

3. Mailing Address

Suite, Apt. #, etc.

SUITE 14

City & State

Fort Myers, FL

City & State

Zip

33919-4995

Country

USA

Zip

Country

4. FEI Number 65-0909009

Applied For

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BEARD STEGMAN, MARY
STREET ADDRESS 9371 CYPRESS LAKE DR.,STE.18
CITY-ST-ZIP FT.MYERS FL 33919 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
Please Change Suite 18 to Suite 14

TITLE CTD
NAME HEALY, JAMES C
STREET ADDRESS 9371 CYPRESS LAKE DR.,STE.18
CITY-ST-ZIP FT.MYERS FL 33919 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
Please change Suite 18 to Suite 14

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06 Jan 03

239-470-1326
239-415-1900

Date

Daytime Phone #

CR2E034 (10/02)