2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Feb 10, 2004 8:00 am Secretary of State

2/7/04 Date

DOCUMENT # P99000049808 1. Entity Name CLARENCE NELSON UY, M.D., P.A.											02-10-20	04 90008	3 032 **	*150.00
Principal Place of Business Mailing Address											1.	٠, ١	. 1 -	Á
5217 S.W. 97TH DRIVE Gainesville, FL 32608					5217 S.W. 97TH DRIVE Gainesville, Fl. 32608						540	104	49	\mathcal{O}_{-}
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2. Principal Place of Business				3. Mailing Address							BÎN 1811 BIN 1811 BAN			
Suite, Apt. #, etc.				Suite, Apt. #, etc.					02062004	Chg-P	CR2E03	4 (10/03)		
City & State				City & State						4. FEI Number 59-3572			-	plied For t Applicable
Zip	٠	Country.	-	Z	ip		Count	y . - .=		5. Certificate o	f Status Desired-		8.75 Add	
6. Name and Address of Current Regi					istered Agent			Name		7. Name and	Address of New R	egistered A	gent	
CLARENCE NELSON UY, M.D.						•	Street Address (P.O. Box Number is Not Acceptable)							
5217 S.W. 97TH DRIVE GAINESVILLE, FL 32608														
								City				FL	Zip Cod	0
the obligati	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required									when reinstating)		DATE			
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10.		Ċ	FFICERS AND	DIREC			11.			ADDITIONS/0	CHANGES TO OFF	ICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UY, CLAF 5217 S.W GAINESV	. 97TH DI	RIVE		□ De	elete	1						□ Change	☐ Addition
TITLE NAME			1.30.550		De	elete	TITLE	I .					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP							STRE	ET ADORESS - ST-ZIP						
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NAME STREET ADDRESS CITY-ST-ZIP								E ET ADDRESS - ST - ZIP						
TITLE NAME STREET ADDRESS			• •	*	D	elete	TITLI NAM STRE	E - EET ADDRESS	_				Change	Addition
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 ampowered 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.														