2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000058319 **DOCUMENT #**

1. Entity Name

FLORIDA SPECIALISTS, P.A.



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90118 030 ***150.00

Suite Act #, etc. Suite Apt #, etc. Check HPRE IF MAKING CHANGES City & State Country Zip Country S. Cutificate of Status Depind See Regular Net Applicable Net Applicable Rec Regular See Regu	Principal Place of Business 1112 GOODLETTE RD N SUITE 100 NAPLES FL 34102		1112 G SUITE	Mailing Address 1112 GOODLETTE RD N SUITE 100 NAPLES FL 34102				90003370			
City & State Ci	2. Principal	Place of Business	3. Maili	3. Mailing Address				4 PROJUBEL PO POSTA PRESIDENCE DE CONTRA DE CO			
Application	Suite, Apr	#, etc.	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
September 1	City & Sta	te	City 8	City & State				3953364484			
S. Nome and Address of Current Registered Agent: 7. Name and Address of New Registered Agent	Zip	Country	Zip		Cour	try	5.	Certificate of Status Desired	\$8.75 A	dditional	
Sirest Address (R.O. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent						7.	Name and Address of New Registered		-	
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SARASOTA FL 34237 City FL Zip Code				Street Addre			ess (P.O. E				
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								() () () () () () () () () ()			
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Signature, lypout or printed named in graphic many to the proprietation and printed in graphic many to the proprietation and printed in graphic many to proprietation and prop	tric conga	nons of registered agent.	for the purpo	se of changing its	registere	ed office or reg	jistered ag			, and accept	
After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State 10.	SIGNATURE		ent and title if applic	cable. (NOTI	E: Registere	Agent signature rec	quired when re	einstating) DATE			
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GIT-51-2F										j	
12. Thereby certify that the information supplied with this filling 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 local affect on if my description.	<u>-</u> L										

12. signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee changed, or on an attachment with an add

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

239-262-0020