

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90112 006 \*\*\*550.00

**DOCUMENT # P99000080460**

1. Entity Name  
**DONNA C. BENNETT, M.D., P.A.**

Principal Place of Business: 5147 NORTH 9TH AVENUE #403 PENSACOLA FL 32504  
 Mailing Address: 5147 NORTH 9TH AVENUE #403 PENSACOLA FL 32504

*5150 Bayou Blvd suite 2H Pensacola, FL 32503*



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |             |  |
|--------------------------------|---------|---------------------|---------|---|--|-------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>59-3594321</b>   |  | Applied For |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | Not Applicable  |  |             |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |             |  |
| Zip                            | Country | Zip                 | Country |   |  |             |  |

|  |  |  |  |  |  |  |  |    |  |          |  |
|--|--|--|--|--|--|--|--|----|--|----------|--|
| 6. Name and Address of Current Registered Agent  |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |    |  |          |  |
| <b>BENNETT, DONNA C M.D.</b><br><b>1615 EAST MARIAH WAY</b><br><b>FORT WALTON BEACH FL 32547</b><br><i>Same as above</i> |  |  |  | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |  |  |
|---|--|--|
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$550.00</b><br><b>After September 13, 2002 Fee will be \$750.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|--|

| 11. OFFICERS AND DIRECTORS |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|--|---|---|
| TITLE                      | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D BENNETT, DONNA C M.D.</b>             | NAME  |   |
| STREET ADDRESS             | <b>1615 EAST MARIAH WAY</b>                | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>FORT WALTON BEACH FL 32547</b>          | CITY-ST-ZIP   |   |
|                            | <i>4450 Gumento Dr Pensacola, FL 32504</i> |   |   |
| TITLE                      | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | 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 the 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 lines empowered.

**SIGNATURE** \_\_\_\_\_ **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)