

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90133 005 ***150.00

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DOCUMENT # P99000080460

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



Principal Place of Business
**5150 BAYOU BLVD SUITE 2H
PENSACOLA FL 32503**

Mailing Address
**5150 BAYOU BLVD SUITE 2H
PENSACOLA FL 32503**



2. Principal Place of Business
**Suite 100
4220 N. Davis Hwy Bldg A**

3. Mailing Address
**Suite 100
4220 N. Davis Hwy**

Suite, Apt. #, etc.
Ste 100 Bldg A

City & State
Pensacola, FL

CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3594321

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BENNETT, DONNA C M.D.
5150 BAYOU BLVD SUITE 2H
PENSACOLA FL 32503**

*4220 N. Davis Hwy Suite 100 Bldg A
Pensacola, FL 32503*

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4220 N. Davis Hwy Suite 100 Bldg A

City **Pensacola** FL Zip Code **32503**

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 *Donna C Bennett*

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, DONNA C M.D. 4450 JUMENTO DR PENSACOLA FL 32504	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Donna C Bennett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5/10/03**

Daytime Phone #: **850 475-0007**

CR2E034 (10/02)