

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000081292

FILED  
Jan 25, 2002 8:00 AM  
Secretary of State

Entity Name: DAVID P. NICHOLSON, M.D., P.A.

**Current Principal Place of Business:**

2201 DUPONT DRIVE  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

2201 DUPONT DRIVE  
PENSACOLA, FL 32503

**New Mailing Address:**

FEI Number: 59-3598164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NICHOLSON, DAVID P M.D.  
2201 DUPONT DRIVE  
PENSACOLA, FL 32503

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NICHOLSON, DAVID P M.D.  
Address: 2201 DUPONT DRIVE  
City-St-Zip: PENSACOLA, FL 32503

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID P. NICHOLSON

PRES

01/25/2002

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date