

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90324 030 ***550.00

0136999 AT

DOCUMENT # P99000082078

1. Entity Name
DOUGLAS W. SANDERS, M.D., P.A.



Principal Place of Business
**1705 US HWY. 27 NORTH, SUITE 205
DAVENPORT FL 33837**

Mailing Address
**1705 US HWY. 27 NORTH, SUITE 205
DAVENPORT FL 33837**

2. Principal Place of Business
40124 US Highway 27

3. Mailing Address
40124 US Highway 27

Suite, Apt. #, etc.
Suite 206

City & State
Davenport, FL

City & State
Davenport, FL

Zip
33837

Country
USA

Zip
33837

Country
USA

4. FEI Number **59-3598498**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SANDERS, DOUGLAS W
2919 PLANTATION RD., SE
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

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.

DOUGLAS W. SANDERS M.D., P.A.

SIGNATURE _____ DATE **09/06/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	<input type="checkbox"/> Delete
	D SANDERS, DOUGLAS W	2919 PLANTATION RD., SE	WINTER HAVEN FL 33884	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 recipient 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 thereto, unless otherwise indicated.

SIGNATURE: *DOUGLAS W. SANDERS M.D.* **SIGNATURE REQUIRED**

DATE **09/06/03** DAYTIME PHONE # **(863) 421-4771**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)