

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90352 041 ***150.00

DOCUMENT # P99000085530
1. Entity Name RICHARD A. GRIFFIN, O.D., P.A.

DO NOT WRITE IN THIS SPACE

11036809

2. Principal Place of Business 12216 NORTHWEST 56th AVENUE Suite, Apt. #, etc.	3. Mailing Address 12216 NORTHWEST 56th AVENUE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State GAINESVILLE, FLORIDA	City & State GAINESVILLE, FLORIDA	4. FEI Number 59-1924531	Applied For <input type="checkbox"/> Not Applicable
Zip 32653	Country U.S.A.	Zip 32653	Country U.S.A.
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name RICHARD A. GRIFFIN
Street Address (P.O. Box Number is Not Acceptable) 12216 NORTHWEST 56th AVENUE
City GAINESVILLE
FL Zip Code 32653

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PRESIDENT / DIRECTOR	TITLE	DO NOT WRITE IN THIS SPACE
NAME RICHARD A. GRIFFIN	NAME	
STREET ADDRESS 12216 NORTHWEST 56th AVENUE	STREET ADDRESS	
CITY - ST - ZIP GAINESVILLE, FLORIDA 32653	CITY - ST - ZIP	
TITLE SECRETARY	TITLE	
NAME DONALD G. POWELL	NAME	
STREET ADDRESS 1863 STATE ROAD 20	STREET ADDRESS	
CITY - ST - ZIP HAWTHORNE, FLORIDA 32640	CITY - ST - ZIP	
TITLE	TITLE	
NAME	NAME	
STREET ADDRESS	STREET ADDRESS	
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TITLE	TITLE	
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NAME	NAME	
STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP	

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 on an attachment with an address with all other like empowered.

SIGNATURE:  **RICHARD A. GRIFFIN** 04-29-2003 352-332-2458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #