

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000085572

FILED  
Apr 16, 2003  
Secretary of State

Entity Name: KELLY A. SANGREGORY, M.D., P.A.

## Current Principal Place of Business:

421 KINGLSEY AVE  
SUITE 401  
ORANGE PARK, FL 32073 US

## New Principal Place of Business:

## Current Mailing Address:

421 KINGLSEY AVE  
SUITE 401  
ORANGE PARK, FL 32073 US

## New Mailing Address:

FEI Number: 31-1670567

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SANGREGORY, KELLY A  
1717 COUNTY ROAD 220  
APARTMENT 3108  
ORANGE PARK, FL 32073

## Name and Address of New Registered Agent:

MILANES ROBERTS, NORMA B  
421 KINGSLEY AVENUE  
SUITE 401  
ORANGE PARK, FL 32073

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: NORMA B. MILANES ROBERTS, MD

04/16/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVT ( ) Delete  
Name: SANGREGORY, KELLY  
Address: 1738 FIDDLERS RIDGE DR  
City-St-Zip: ORANGE PARK, FL 32003

Title: S (X) Delete  
Name: SEGINA, DANIEL  
Address: 1738 FIDDLERS RIDGE DR  
City-St-Zip: ORANGE PARK, FL 32003

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVT (X) Change ( ) Addition  
Name: MILANES ROBERTS, NORMA B  
Address: 421 KINGSLEY AVENUE  
City-St-Zip: ORANGE PARK, FL 32073

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: NORMA B MILANES ROBERTS,MD

PVT

04/16/2003

Electronic Signature of Signing Officer or Director

Date