

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

DOCUMENT # *P990000905937*

1. Entity Name
WILLIAM W. HUNTLEY, M.D., P.A.



**FILED
Jul 09, 2003 8:00 am
Secretary of State**

07-09-2003 90037 022 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1330 PINEHURST ROAD

3. Mailing Address
1330 PINEHURST RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DUNEDIN FL

City & State
DUNEDIN FL

Zip *34698*

Zip *34698*

Country

4. FEI Number
59-3602549

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name *GASSMAN, ALAN S., ESQ.*

Street Address (P.O. Box Number is Not Acceptable)

1245 Court St., Suite 102

City *Clearwater*

FL Zip Code *33756*

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
NAME
STREET ADDRESS
CITY-ST-ZIP
*WILLIAM W. HUNTLEY, MD
2201 HARBORVIEW RD.
DUNEDIN, FL 34698*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *W.W.H.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03 7277332333

Date

Daytime Phone #

CR2E034B (12/02)